Form CP-111 March 2009 Form must be Typed Form must be signed

## **TEMPORARY ABANDONMENT WELL APPLICATION**

All blanks must be complete

| OPERATOR: License#   |                    |                           |               | API No. 15-   |                |                            |                           |                |           |                 |                                 |
|--|--------------------|---------------------------|---------------|---|----------------|----------------------------|---------------------------|----------------|-----------|-----------------|---------------------------------|
|  |                    |                           |               | Spot Description:   |                |                            |                           |                |           |                 |                                 |
| Address 1:   |                    |                           |               |   | · Sec          | : Twp                      | S. R                      |                | E W       |                 |                                 |
| Address 2: State: Zip: +   |                    |                           |               | feet from N / S Line of Section feet from E / W Line of Section |                |                            |                           |                |           |                 |                                 |
|  |                    |                           |               |   |                |                            |                           |                |           | Contact Person: |                                 |
| Phone:( )  Contact Person Email:  Field Contact Person:  |                    |                           |               | Lease Name: W   |                |                            | Well #: _                 | Vell #:        |           |                 |                                 |
|  |                    |                           |               | Elevation: GL KB  Well Type: (check one) Oil Gas OG WSW Other:  |                |                            |                           |                |           |                 |                                 |
|  |                    |                           |               |   |                |                            |                           |                |           |                 | Field Contact Person Phone: ( ) |
|  | ,                  |                           |               |   |                | Date                       |                           |                |           |                 |                                 |
|  | Conductor          | Surface                   | Pro           | oduction  | Intermediat    | e                          | Liner                     | Tubing         |           |                 |                                 |
| Size   |                    |                           |               |   |                |                            |                           |                |           |                 |                                 |
| Setting Depth  |                    |                           |               |   |                |                            |                           |                |           |                 |                                 |
| Amount of Cement   |                    |                           |               |   |                |                            |                           |                |           |                 |                                 |
| Top of Cement  |                    |                           |               |   |                |                            |                           |                |           |                 |                                 |
| Bottom of Cement   |                    |                           |               |   |                |                            |                           |                |           |                 |                                 |
| Depth and Type:   Junk in  Jun | I ALT. II Depth of | f: DV Tool:(depth         | w / _<br>Inch | Set at:   | s of cement F  | Port Collar:(dep<br>_ Feet |                           |                | of cement |                 |                                 |
| Geological Data:   |                    |                           |               |   |                |                            |                           |                |           |                 |                                 |
| Formation Name   | Formation -        | Top Formation Base        |               |   | Comp           | letion Information         |                           |                |           |                 |                                 |
| 1  |                    | to Fee                    | at Perfo      | ration Interval   | ·              | _ Feet or Open             | Hole Interval             | to             | Foot      |                 |                                 |
| 2.   | At:                | to Fee                    |               | ration Interval   |                | Feet or Open I             |                           | to             | Feet      |                 |                                 |
|  |                    |                           |               |   |                |                            |                           |                |           |                 |                                 |
|  |                    | Submit                    | ted Ele       | ctronicall  | y              |                            |                           |                |           |                 |                                 |
| Do NOT Write in This   |                    |                           |               |   | Date Plugge    | d: Date Repair             | ed: Date Pu               | t Back in Serv | vice:     |                 |                                 |
| Space - KCC USE ONLY   |                    | _                         |               |   |                |                            |                           |                | —         |                 |                                 |
| Review Completed by:   |                    | Comments:                 |               |   |                |                            | TA Approved: Yes Denied D |                |           |                 |                                 |
|  |                    | Mail to the Ap            | propriate     | KCC Conserv   | /ation Office: |                            |                           |                |           |                 |                                 |
| Sector 1880 Bag State Case La Case Case Case Case Case Case Case Cas   | KCC Distri         | ct Office #1 - 210 E. Fro |               |   |                |                            | Pr                        | none 620.22    | 5.8888    |                 |                                 |

| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                             | Phone 620.225.8888 |
|--|--------------------|
| KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226               | Phone 316.630.4000 |
| KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                                    | Phone 620.432.2300 |
| KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                                    | Phone 785.625.0550 |
| Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226 | Phone 316.734.4933 |