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-														
Name:				Spot Description:														
Address 1:					Sec	Twp \$	S. R 🗌 E 🔲	w										
Address 2:	feet from N / S Line of Section																	
City:	State:	Zip: +					E / W Line of Sect	ion										
Contact Person:  Phone:()  Contact Person Email:  Field Contact Person:  Field Contact Person Phone:()					GPS Location: Lat:													
											··(			_	orage Permit #:			
											Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing	
										Size								
										Setting Depth								
Amount of Cement																		
Top of Cement																		
Bottom of Cement																		
Do you have a valid Oil & G Depth and Type:	in Hole at	Tools in Hole at	w/_w/_Inch	Set at:  Plug Back Methoration Interval	s of cement Port C	t  Information  To Open Hole Interest.	w / sack of cem											
		Submi	tted Ele	ectronically	у													
Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Date Tested: Results:			Date Plugged: Date Repaired: Date Put Back in Service:													
Review Completed by:		Comm			ents: TA Approved: Yes Denied													
	KCC Dietr	Mail to the Ap					Phone 620 225 888											

