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

## All blanks must be complete

Phone 620.432.2300

Phone 785.625.0550

Phone 316.734.4933

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                               | OPERATOR: License#       |  |           |  | API No. 15-   |                                  |                 |               |           |  |  |
|--|--------------------------|--|-----------|--|---|----------------------------------|-----------------|---------------|-----------|--|--|
| Name:  |                          |  |           | Spot Description:                                      |   |                                  |                 |               |           |  |  |
| Address 1:                                       |                          |  |           |  | Sec   |                                  |                 |               |           |  |  |
| Address 2:                                       |                          |  |           |  |   | fe                               | et from N       | / S Line o    | f Section |  |  |
| City:  | State: 2                 | Zip: +   |           |  |   |                                  |                 |               |           |  |  |
| Contact Person:  Phone:()  Contact Person Email: |                          |  |           | GPS Location: Lat:, Long:, Long:                       |   |                                  |                 |               |           |  |  |
|  |                          |  |           | Lease Name: Well #:                                    |   |                                  |                 |               |           |  |  |
|  |                          |  |           | Elevation: GL KB                                       |   |                                  |                 |               |           |  |  |
| Field Contact Person:                            |                          |  |           | Well Type: (c  | heck one) 🗌 Oi  | I Gas O                          | 3 □wsw □        | Other:        |           |  |  |
| Field Contact Person Phone: ( )                  |                          |  |           | SWD Permit #: ENHR Permit #:                           |   |                                  |                 |               |           |  |  |
| rield Goritact reison rinone.                    |                          |  | _         |  | age Permit #:   |                                  |                 |               |           |  |  |
|  |                          |  |           | Spud Date:_  |   | Da                               | te Shut-In:     |               |           |  |  |
|  | Conductor                | Surface  | Pro       | oduction   | Intermediate  | 9                                | Liner           | Tubing        |           |  |  |
| Size   |                          |  |           |  |   |                                  |                 |               |           |  |  |
| Setting Depth                                    |                          |  |           |  |   |                                  |                 |               |           |  |  |
| Amount of Cement                                 |                          |  |           |  |   |                                  |                 |               |           |  |  |
| Top of Cement                                    |                          |  |           |  |   |                                  |                 |               |           |  |  |
| Bottom of Cement                                 |                          |  |           |  |   |                                  |                 |               |           |  |  |
|  |                          | D  |           |  |   | -                                |                 |               |           |  |  |
| Casing Fluid Level: How Determined?              |                          |  |           | to w / sacks of cement. Date:                          |   |                                  |                 |               |           |  |  |
| casing Squeeze(s):                               | to w / _<br>(bottom)     | sacks of ce                                      | ement,    | to   | W /<br>bottom)  | sack                             | s of cement. Da | ate:          |           |  |  |
| Do you have a valid Oil & Gas                    | Lease? Yes               | No   |           |  |   |                                  |                 |               |           |  |  |
| Denth and Type: lunk in l                        | Hole at                  | Tools in Hole at                                 | Ca        | sing Leaks   | Yes No D  | enth of casing                   | leak(s)·        |               |           |  |  |
| Depth and Type:  Junk in I                       |                          |  |           |  |   |                                  |                 |               |           |  |  |
| Type Completion: ALT. I                          | ALI. II Depth of:        | DV Tool:(depth)                                  | w/_       | sacks  | of cement P   | ort Collar:                      | W / _<br>depth) | sack o        | f cement  |  |  |
| Packer Type:                                     | Size: Inch               |  |           | Set at: Feet   |   |                                  |                 |               |           |  |  |
| Total Depth:                                     | Plug Back Depth:         |  |           | Plug Back Metho  | d:  |                                  |                 |               |           |  |  |
| Geological Data:                                 |                          |  |           |  |   |                                  |                 |               |           |  |  |
| _  | Farmatian T              | - Farmatian Dana                                 |           |  | 0   | -4:                              |                 |               |           |  |  |
| Formation Name                                   |                          | Formation Top Formation Base                     |           |  | Completion Information ration Interval to Feet or Open Hole Interval to Fee |                                  |                 |               |           |  |  |
| 1  | At:                      | _ to Feet  |           |  |   |                                  |                 |               |           |  |  |
| 2  | At:                      | _ to Feet  | Perfo     | ration Interval _                                      | to  | _ Feet or Ope                    | n Hole Interval | to            | Feet      |  |  |
|  |                          |  |           |  |   |                                  |                 |               |           |  |  |
|  |                          |  |           |  |   |                                  |                 |               |           |  |  |
|  |                          | Submitt  | ed Ele    | ctronically  | •   |                                  |                 |               |           |  |  |
|  |                          |  |           |  |   |                                  |                 |               |           |  |  |
|  |                          |  |           |  |   |                                  |                 |               |           |  |  |
| Do NOT Write in This                             | Date Tested: Results:    |  |           | Date Plugged: Date Repaired: Date Put Back in Service: |   |                                  |                 |               |           |  |  |
| Space - KCC USE ONLY                             |                          |  |           |  |   |                                  |                 |               | —         |  |  |
| Review Completed by:                             | eview Completed by: Comm |  |           |  |   | nents: TA Approved: Yes Denied D |                 |               |           |  |  |
|  |                          |  |           |  |   |                                  |                 |               |           |  |  |
|  |                          | Mail to the App                                  | ronristo  | KCC Conserve   | ation Office:   |                                  |                 |               |           |  |  |
|  |                          | •          |           |  |   |                                  |                 |               |           |  |  |
| the last last top the last and find and the      | -<                       | KCC District Office #1 - 210 E. Frontview, Suite |           |  |   |                                  |                 |               | 5.8888    |  |  |
| 4 5  | KCC District             | Office #2 - 3450 N. Ro                           | ock Road, | Building 600, Su                                       | ite 601, Wichita,   | KS 67226                         |                 | Phone 316.630 | 0.4000    |  |  |

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

