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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.630.4000

Phone 620.432.2300

Phone 785.625.0550

Phone 316.734.4933

| OPERATOR: License#                           |                        |                           |             |   | API No. 15      |                    |                 |                            |                              |                    |
|--|------------------------|---------------------------|-------------|---|-----------------|--------------------|-----------------|----------------------------|------------------------------|--------------------|
| Name:  |                        |                           |             | 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 |                 |                    |                 |                            |                              |                    |
|  |                        |                           |             |   |                 |                    |                 |                            |                              | GPS Location: Lat: |
|  |                        |                           |             | /ell #:   |                 |                    |                 |                            |                              |                    |
|  |                        |                           |             | Elevation: GL KB  |                 |                    |                 |                            |                              |                    |
|  |                        |                           |             |   | (check one) 🗌 O |                    |                 |                            |                              |                    |
|  |                        |                           |             | Field Contact Person Phone: ( )                                 |                 |                    |                 |                            | SWD Permit #: ENHR Permit #: |                    |
|  |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
|  | Conductor              | Surface                   | Pr          | oduction  | Intermediat     | e                  | Liner           | Tubing                     |                              |                    |
| Size   |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
| Setting Depth                                |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
| Amount of Cement                             |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
| Top of Cement                                |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
| Bottom of Cement                             |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
| Depth and Type:                              | I ALT. II Depth o      | f: DV Tool:(depth)        | w /<br>Inch | Set at:   | s of cement F   | Port Collar:(de    |                 |                            | of cement                    |                    |
| Geological Data:                             |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
| Formation Name                               | Formation <sup>-</sup> | Top Formation Base        |             |   | Comp            | letion Information | 1               |                            |                              |                    |
| 1  |                        | to Fee                    | t Perfo     | oration Interval  | ·               |                    |                 | to                         | Feet                         |                    |
| 2  | At:                    | to Feet                   |             | oration Interval  |                 | Feet or Oper       |                 |                            | Feet                         |                    |
|  |                        | Submitt                   | ed Ele      | ectronicall   | y               |                    |                 |                            |                              |                    |
|  |                        |                           |             |   |                 |                    |                 |                            |                              |                    |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:           | R                         |             | Date Plugge   | d: Date Repa    | nired: Date        | Put Back in Ser | vice:                      |                              |                    |
| Review Completed by:                         |                        | Comments: TA Ap           |             |   |                 |                    | _ TA Approve    | pproved: Yes Denied Denied |                              |                    |
|  |                        | Mail to the App           | oropriate   | KCC Conserv   | ration Office   |                    |                 |                            |                              |                    |
| Server State State State State Land States S | KCC Distri             | ct Office #1 - 210 E. Fro |             |   |                 |                    |                 | Phone 620.22               | 25.8888                      |                    |

KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

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

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

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