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: | | | | | | feet from | | | | |
| City: | State: | Zip: + | | | | feet from | | ☐W Line | of Section | |
| Contact Person: | | | | GPS Location: Lat:, Long:, Long: | | | | | | |
| Phone:() | | | | Lease Name: Well #: | | | | | | |
| | | | | Elevation:_ | | | | | L KB | |
| | | | | | | ☐Gas ☐ OG ☐ W | | | | |
| Field Contact Person Phone: () | | | | | SWD Permit #: ☐ ENHR Permit #: Gas Storage Permit #: ☐ | | | | | |
| | , | | | _ | • | Date Shu | t-In: | | | |
| | Conductor | Surface | Pr | oduction | Intermediate | Line | r | Tubin | q | |
| Size | | | | | | | | | | |
| Setting Depth | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | |
| Top of Cement | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | |
| Casing Fluid Level: | | ow Determined? | | | | Date | | | | |
| · · | | | | | | | | | | |
| Casing Squeeze(s): | (bottom) | 3000 01 0 | ocinioni, _ | (top) | (bottom) | 34613 61 66 | ment. Date | J | | |
| Do you have a valid Oil & G | as Lease? Yes | No | | | | | | | | |
| Depth and Type: | in Hole at | Tools in Hole at | Ca | asing Leaks: | Yes No De | pth of casing leak(s) | : | | | |
| Type Completion: ALT | | | | | | | | | of cement | |
| Packer Type: | | | | | | | | | | |
| | | Plug Back Depth: | | | | | | | | |
| · | | 57 | | | | | | | | |
| Geological Data: | Formation | Ton Formation Dass | | | Commission | tion Information | | | | |
| Formation Name | | Top Formation Base | . D | ti | • | tion Information | | 4- | F4 | |
| 1 | At: | | | | | | | | | |
| 2 | At: | to Fee | et Perio | oration Interval ₋ | to | Feet or Open Hole | : Interval | to | Feet | |
| | | | | | | | | | | |
| | | Submit | ted Ele | ectronically | y | | | | | |
| | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Results: | | | Date Plugged: | Date Repaired: | Date P | ut Back in Sei | vice: | |
| Review Completed by: | | Comments: | | | nts: TA App | | | | oved: Yes Denied D | |
| | | | | | | | | | | |
| | | Mail to the Ap | propriate | KCC Conserv | ation Office: | | | | | |
| | KCC Distr | ict Office #1 - 210 E. Fro | ontview, Su | ite A, Dodge Ci | ty, KS 67801 | | F | hone 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