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

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License#				API No. 15-					
Name:			Spot Description:						
		1 '	•				. □w		
Contact Person: Phone:() Contact Person Email: Field Contact Person: Field Contact Person Phone:()			GPS Location: Lat: (e.g. xx.xxxxx)			_ , Long:			
					Well #:				
			Elevation:						
			Well Type: (check one) Oil Gas OG WSW Other:						
			SWD Permit #: ENHR Permit #:						
		_	-		t-In:				
Surface	Pro	oduction	Intermediate	Line	r	Tubing			
res ☐ No Tools in Hole at — (depth of: ☐ DV Tool: — (depth ize:	Ca epth)	asing Leaks: sacks	Yes No Dept of cement Port	th of casing leak(s) Collar:	:				
•			•						
				eet or Open Hole	a Interval	to	Feet		
				-					
sted:	Results:		Date Plugged:	Date Repaired:	Date Put	t Back in Servi	ce:		
	Surface Surface How Determined? w / sacks of Yes No Tools in Hole at	Surface	Spot Descri	Spot Description:	Spot Description:	Spot Description:	Spot Description:		

