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 | c Twp | S. R | | E W | | |
| Address 2: State: Zip: + | | | | feet from N / S Line of Section feet from E / W Line of Section | | | | | | | |
| | | | | | | | | | | Contact Person: | |
| Phone:() Contact Person Email: Field Contact Person: | | | | Lease Name: W | | | Well #: _ | Nell #: | | | |
| | | | | Elevation: GL KB Well Type: (check one) Oil Gas OG WSW Other: | | | | | | | |
| | | | | | | | | | | | Field Contact Person Phone: () |
| | , | | | | | Date | | | | | |
| | Conductor | Surface | Pr | oduction | Intermediat | te | Liner | Tubing | | | |
| Size | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | |
| Depth and Type: | I ALT. II Depth of | f: DV Tool:(depth | w / _ Inch | Set at: | s of cement F | Port Collar:(de _l | | | of cement | | |
| Geological Data: | | | | | | | | | | | |
| Formation Name | Formation - | Top Formation Base | | | Comp | letion Information | | | | | |
| 1 | | to Fee | at Perfe | oration Interval | · | _ Feet or Open | | to | Foot | | |
| 2 | At: | to Fee | | oration Interval | | Feet or Open | | to | Feet | | |
| | | | | | | | | | | | |
| | | Submit | ted Ele | ectronicall | у | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | F | | Date Plugge | d: Date Repai | red: Date Pu | t Back in Serv | /ice: | | | |
| Review Completed by: | | Comments: | | | TA Approved: Yes Denied | | | | | | |
| | | Mail to the Ap | propriate | KCC Conserv | /ation Office: | | | | | | |
| Second State State State State Seal Secol Secol | KCC Distri | ct Office #1 - 210 E. Fro | ontview, Su | ite A, Dodge Ci | ity, KS 67801 | | Ph | none 620.22 | 5.8888 | | |

| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 |
|--|--------------------|
| KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720 | Phone 620.432.2300 |
| KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.625.0550 |
| Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226 | Phone 316.734.4933 |