___to _____ Feet or Open Hole Interval _____ to _____ Feet

Perforation Interval ______ to _____ Feet or Open Hole Interval _____ to ____ Feet

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-Spot Description: ___ _ - ___ - ___ - ___ Sec. ____ Twp. ____ S. R. ____ 🗌 E 🔲 W Address 1: feet from N / S Line of Section Address 2: — feet from ☐ E / ☐W Line of Section. _____ State: ____ Zip: ____ + _ _ _ _ _ GPS Location: Lat:____ ___ , Long: ___ (e.g. xx.xxxxx) Contact Person: ___ County: _____ Phone:(_____) __ Lease Name: _____ Well #: ____ Elevation: ___ Contact Person Email: ___ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: ___ _____ ENHR Permit #:____ Field Contact Person Phone: (_____) ____ Gas Storage Permit #: ___ Spud Date: __ __ Date Shut-In: _ Tubing Conductor Surface Production Intermediate Liner Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement** Casing Fluid Level: ___ _____ How Determined? ___ Casing Squeeze(s): ______ to _____ w / _____ sacks of cement, _____ to ____ w / ____ sacks of cement. Date: _____ Do you have a valid Oil & Gas Lease? Yes No Depth and Type:

Junk in Hole at

(depth)

Tools in Hole at

(depth)

Casing Leaks:
Yes
No Depth of casing leak(s): _w / _____ sacks of cement Port Collar: ____ w / ____ sack of cement __ Size: __ _ Inch Set at: ___ Packer Type: ___ __ Plug Back Method: ___ Total Depth: __ Plug Back Depth: ___ Geological Data: Completion Information **Formation Name** Formation Top Formation Base

Submitted Electronically

___ At: _____ to _____ Feet Perforation Interval ___

2. _____ At: ____ to ____ Feet

Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service:

Space - KCC USE ONLY

Review Completed by: ______ TA Approved: Yes Denied _______

Mail to the Appropriate KCC Conservation Office:

