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:                                   |   |                      |                  |   |                              |
|---|----------------|------------------|-------------------------------|--|---|----------------------|------------------|---|------------------------------|
|   |                |                  |                               |  |   |                      |                  |   | Address 1:                   |
| Address 2:       State:       Zip:       +          Contact Person: |                |                  |                               | feet from N / S Line of Section  feet from E / W Line of Section |   |                      |                  |   |                              |
|   |                |                  |                               |  |   |                      |                  | GPS Location: Lat:, Long:, Long:, County: |                              |
|   |                |                  |                               | Lease Name: Well #:  |   |                      |                  |   |                              |
|   |                |                  |                               | Elevation:_  |   |                      | [                | GL KB                                     |                              |
|   |                |                  |                               | Well Type: (check one)  Oil  Gas  OG  WSW  Other:                |   |                      |                  |   |                              |
|   |                |                  |                               | Field Contact Person Phone: ( )                                  |   |                      |                  |   | SWD Permit #: ENHR Permit #: |
|   |                |                  |                               |  | Gas Storage Permit #:         Date Shut-In: |                      |                  |   |                              |
|   | Conductor      | Surface          | Pro                           | oduction   | Intermediate                                | Liner                |                  | Tubing                                    |                              |
| Size  | Conductor      | Gunass           |                               |  | oou.u.c                                     |                      |                  | 9   |                              |
| Setting Depth   |                |                  |                               |  |   |                      |                  |   |                              |
| Amount of Cement  |                |                  |                               |  |   |                      |                  |   |                              |
| Top of Cement   |                |                  |                               |  |   |                      |                  |   |                              |
| Bottom of Cement  |                |                  |                               |  |   |                      |                  |   |                              |
| Casing Fluid Level:   | Н              | ow Determined?   |                               |  |   | Date:                |                  |   |                              |
|   |                |                  |                               |  |   |                      |                  |   |                              |
| Casing Squeeze(s):  | (bottom)       |                  | o, <u> </u>                   | (top)  | (bottom)                                    |                      | 24.01            |   |                              |
| Do you have a valid Oil & Ga  | as Lease? Yes  | No               |                               |  |   |                      |                  |   |                              |
| Depth and Type:   | n Hole at      | Tools in Hole at | Ca                            | sing Leaks:  | Yes No Depth                                | of casing leak(s): _ |                  |   |                              |
| Type Completion: ALT.   |                |                  |                               |  |   |                      |                  | sack of cement                            |                              |
| Packer Type:  |                |                  |                               |  |   |                      |                  |   |                              |
| Total Depth:  | Plug Bac       | k Depth:         |                               | Plug Back Method:  |   |                      |                  |   |                              |
| Geological Data:  |                |                  |                               |  |   |                      |                  |   |                              |
| Formation Name Formation Top Formation Base                         |                |                  |                               | Completion Information   |   |                      |                  |   |                              |
| 1   | At:            | to Feet          | Perfo                         | ration Interval  | toFe  | eet or Open Hole In  | terval to        | oFeet                                     |                              |
| 2   | At:            | to Feet          | Perfo                         | ration Interval  | to Fe                                       | eet or Open Hole In  | terval to        | oFeet                                     |                              |
|   |                |                  |                               |  |   |                      |                  |   |                              |
|   | <b>~</b>       | Submitt          | ed Ele                        | ctronicall   | у   |                      |                  |   |                              |
| Do NOT Write in This  | Date Tested: R |                  | esults:                       |  | Date Plugged:                               | Date Repaired:       | Date Put Back in | n Service:                                |                              |
| Space - KCC USE ONLY  |                |                  |                               |  |   |                      |                  |   |                              |
| Review Completed by: Comr   |                |                  | ents: TA Approved: Yes Denied |  |   |                      |                  |   |                              |
|   |                | Mail to the App  | ronriate                      | KCC Conserv  | vation Office:                              |                      |                  |   |                              |
|   |                | ан со ине дрр    | opriate                       |  |   |                      |                  |   |                              |

