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:						Twp				
Address 2:						feet fro				
City:	State:	Zip: +				feet fro				
Contact Person:				County:	GPS Location: Lat:					
Phone:()					Lease Name: Well #:					
					Elevation: GL KB					
						Gas OG				
					SWD Permit #: ENHR Permit #: Gas Storage Permit #: Date Shut-In:					
Cino	Conductor	Surface	Pro	oduction	Intermediate	Lin	er	Tubing	1	
Size Setting Depth										
Amount of Cement										
Top of Cement										
Bottom of Cement										
Casing Fluid Level:	to w / w/was Lease?	sacks of colling	ement,	sing Leaks: sacks Set at: Plug Back Methoration Interval	(bottom) w / w / w / w / Po f od: to to to to to to to to	epth of casing leak(sort Collar:(depth)	s): w /	: sack (of cement	
		Submitt	ed Ele	ctronicall	у					
Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Date Tested: Results:			Date Plugged: Date Repaired: Date Put Back in Service:					
Review Completed by:		Comm			ents: TA Approved: Yes Denied					
		Mail to the App	oropriate	KCC Conserv	vation Office:					

