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

Phone 316.630.4000

Phone 620.432.2300

Phone 785.625.0550

Phone 316.734.4933

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# | | | | API No. 15 Spot Description: | | | | | | | | | | | |
|--------------------------------------------------------------------------|--------------------|-----------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|-----------------------|------------|-----------|---------|-----|------------|--------------|--------------|------------|
| | | | | | | | | Address 1: | | | | | Sec | Twp S. | R. = E = W |
| Address 2: | | | | | | | N / S Line of Section | | | | | | | | |
| City: State: Zip: + Contact Person: | | | | feet from L E / LW Line of Section | | | | | | | | | | | |
| | | | | GPS Location: Lat: | | | (e.gxxx.xxxxx) | | | | | | | | |
| | | | | | | | ell #: | | | | | | | | |
| | | | | Elevation:_ | Elevation: GL | | | | | | | | | | |
| | | | | Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Spud Date: Date Shut-In: | | | | | | | | | | | |
| | | | | | | | | | | | | Spud Date. | | Date Shut-in | |
| | | | | | | | | | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing |
| Size | | | | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | |
| Casing Fluid Level: | н | ow Determined? | | | | Date: | | | | | | | | | |
| Casing Squeeze(s): | | | | | | | | | | | | | | | |
| Depth and Type: | I ALT. II Depth of | of: DV Tool:(depth | w / _ | sacks | s of cement Port Co | | | | | | | | | | |
| Packer Type: Size: Inch Set at: Feet | | | | | | | | | | | | | | | |
| Total Depth: Plug Back Depth: F | | | | Plug Back Meth | od: | | | | | | | | | | |
| Geological Data: | | | | | | | | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Completion | Information | | | | | | | | | |
| · | | | | ration Interval | toFee | et or Open Hole Interv | ral toFeet | | | | | | | | |
| 2 | | | | | to Fee | | | | | | | | | | |
| | | | | | | • | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | Submit | ted Ele | ctronicall | V | | | | | | | | | | |
| | | | | • | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 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 | | | nents: TA Approved: Yes Denied | | | | | | | | | | | | |
| | | Mail to the An | propriate | KCC Conserv | ration Office: | | | | | | | | | | |
| Mail to the Appropriate KCC Conservation Office: | | | | | | | Dk 000 005 0000 | | | | | | | | |
| 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

Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651