June 2011 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: \_\_\_\_\_ + \_\_ \_ \_ \_ \_ Datum: NAD27 NAD83 WGS84 Phone:( \_\_\_\_\_ ) \_\_ \_\_\_\_\_ Elevation: \_\_\_\_\_ \_\_\_\_ GL KB Contact Person Email: \_\_\_\_\_ \_\_ Well #: \_\_ Lease Name: \_\_\_ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: \_\_\_\_ 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 from Surface: \_\_\_\_ \_\_\_ 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 \_\_\_\_\_\_ Tools in Hole at \_\_\_\_\_ Casing Leaks: 
Yes No Depth of casing leak(s): \_\_\_\_\_

Type Completion: 
ALT. I Depth of: 
DV Tool: \_\_\_\_\_ w / \_\_\_\_ sacks of cement 
Port Collar: \_\_\_\_ w / \_\_\_\_ sack of cement \_\_ Size: \_\_\_ \_\_ Inch Set at: \_\_\_ Packer Type: \_\_\_ Total Depth: \_\_\_ \_\_\_ Plug Back Method: \_\_\_ \_\_ Plug Back Depth: \_\_\_ Geological Date: **Formation Name** Formation Top Formation Base Completion Information \_\_\_ At: \_\_\_\_\_ to \_\_\_\_ Feet Perforation Interval \_\_\_\_ \_\_\_\_to\_\_\_\_\_ Feet or Open Hole Interval \_\_\_\_\_ to \_\_\_\_\_ Feet At: \_\_\_\_\_\_ to \_\_\_\_ Feet Perforation Interval \_\_\_\_\_ to \_\_\_\_ Feet or Open Hole Interval \_\_\_\_ HINDED DENALTY OF DED HIDV I DEDEDY ATTECT THAT THE INFORMATION CONTAINED REDEIN ICTORE AND CODDECT TO THE DECT OF MY VINOMI EDGE Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Results:	Date Plugged:	Date Repaired:	Date Put Back in Service:
Review Completed by:		Comments:			
TA Approved: Yes De	nied Date:				

## Mail to the Appropriate KCC Conservation Office:

100 100 100 100 100 100 100 100 100 100	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 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
Simulation from the first test test test test test test test t	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550