KANSAS CORPORATION COMMISSION 1102007

Form CP-111 June 2011 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#   |                                 |                 |            | API No. 15-          | API No. 15                                      |                            |        |           |  |  |
|--|---------------------------------|-----------------|------------|----------------------|---|----------------------------|--------|-----------|--|--|
| Name:  |                                 |                 |            | Spot Descri          | Spot Description:                               |                            |        |           |  |  |
| Address 1:   |                                 |                 |            |                      | Sec.  | Twp S. R.                  |        | E 🗌 W     |  |  |
| Address 2:   |                                 |                 |            |                      |   | feet from N /              |        |           |  |  |
| City:    State:    Zip:   +     Contact Person:     Phone:() |                                 |                 |            |                      | feet from L E / L W Line of Section             |                            |        |           |  |  |
|  |                                 |                 |            | GF3 LOCali           | GPS Location: Lat:                              |                            |        |           |  |  |
|  |                                 |                 |            |                      |   |                            |        |           |  |  |
|  |                                 |                 |            | Lange News           |   |                            |        |           |  |  |
| Field Contact Person:  |                                 |                 |            | Well Type: (         | Well Type: (check one) Oil Gas OG WSW Other:    |                            |        |           |  |  |
| Field Contact Person Phone                                   | :( )                            |                 |            |                      | SWD Permit #: ENHR Permit #:                    |                            |        |           |  |  |
|  | Field Contact Person Phone: ( ) |                 |            |                      | Gas Storage Permit #:  Spud Date: Date Shut-In: |                            |        |           |  |  |
|  |                                 |                 |            | Spud Date:           |   | Date Shut-In:              |        |           |  |  |
|  | Conductor                       | Surfa           | ce         | Production           | Intermediate                                    | Liner                      | Tubing | g         |  |  |
| Size   |                                 |                 |            |                      |   |                            |        |           |  |  |
| Setting Depth  |                                 |                 |            |                      |   |                            |        |           |  |  |
| Amount of Cement   |                                 |                 |            |                      |   |                            |        |           |  |  |
| Top of Cement  |                                 |                 |            |                      |   |                            |        |           |  |  |
| Bottom of Cement   |                                 |                 |            |                      |   |                            |        |           |  |  |
| Casing Fluid Level from Sur                                  | face:                           |                 | How Detern | nined?               |   | Da                         | te:    |           |  |  |
|  |                                 |                 |            |                      |   | sacks of cement. Da        | te:    |           |  |  |
|  |                                 |                 |            | (top)                | (bottom)  |                            |        |           |  |  |
| Do you have a valid Oil & Ga                                 | as Lease? 🔄 Yes                 | No              |            |                      |   |                            |        |           |  |  |
| Depth and Type: 🗌 Junk i                                     | n Hole at                       | Tools in Hol    | e at       | Casing Leaks:        | Yes No De                                       | epth of casing leak(s):    |        |           |  |  |
|  |                                 |                 |            |                      |   | ort Collar: w /            |        | of cement |  |  |
| Packer Type:   |                                 |                 |            |                      |   |                            |        |           |  |  |
| Total Depth:   |                                 |                 |            |                      |   |                            |        |           |  |  |
| Geological Date:   |                                 |                 |            |                      |   |                            |        |           |  |  |
| Formation Name   | Formatio                        | on Top Formatic | n Base     |                      | Comple  | ation Information          |        |           |  |  |
|  |                                 | to              | Foot       | Porforation Interval | to  | Feet or Open Hole Interval | to     | Feet      |  |  |
| 1  | At:                             | i0              | 1000       | Fenoration interval  | 10  |                            |        | 1001      |  |  |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Norm bath lass nos tak an Andrikanan mad and being     | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |