Kansas Corporation Commission Oil & Gas Conservation Division 1104733

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 Spot Description:    |                                 |                          |           |               |                              |   |  |  |    |
|-----------------------------|--|---------------|-------------------|---------------------------------|---------------------------------|--------------------------|-----------|---------------|------------------------------|---|--|--|----|
|                             |  |               |                   |                                 |                                 |                          |           |               | Address 1:                   |   |  |  | ·· |
| Address 2:                  |  |               |                   |                                 | feet from N / S Line of Section |                          |           |               |                              |   |  |  |    |
|                             |  |               |                   | feet from E / W Line of Section |                                 |                          |           |               |                              |   |  |  |    |
|                             |  |               |                   | GPS Location: Lat:      , Long: |                                 |                          |           |               |                              |   |  |  |    |
|                             |  |               |                   |                                 |                                 |                          |           |               |                              | Lease Name:          Well #:           Well Type: (check one)         Oil Gas OG WSW Other: |  |  |    |
|                             |  |               |                   | Field Contact Person Phone      | Field Contact Person Phone: ( ) |                          |           |               | SWD Permit #: ENHR Permit #: |   |  |  |    |
|                             |  |               |                   |                                 | ( )                             |                          |           |               | orage Permit #:              | Date Shut-In:   |  |  |    |
|                             |  |               |                   | Spud Date:                      |                                 | Date Shut-In:            |           |               |                              |   |  |  |    |
|                             | Conductor                                | Surface       | P                 | roduction                       | Intermediate                    | e Liner                  | Т         | übing         |                              |   |  |  |    |
| Size                        |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Setting Depth               |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Amount of Cement            |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Top of Cement               |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Bottom of Cement            |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Casing Fluid Level from Sur | face:                                    |               | How Determined    | ?                               |                                 |                          | _ Date:   |               |                              |   |  |  |    |
| Casing Squeeze(s):          | to w                                     | / sa          | icks of cement, _ | to                              | (bottom) w /                    | sacks of cemen           | it. Date: |               |                              |   |  |  |    |
| Do you have a valid Oil & G | as Lease? 🗌 Yes 🛛                        | No            |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Depth and Type: 🗌 Junk i    | n Hole at                                | Tools in Hole | at C              | asing Leaks:                    | Yes No D                        | epth of casing leak(s):  |           |               |                              |   |  |  |    |
| Type Completion: ALT.       |  |               |                   |                                 |                                 |                          |           | ack of cement |                              |   |  |  |    |
| Packer Type:                |  |               |                   |                                 |                                 |                          | , 0       |               |                              |   |  |  |    |
|                             |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Total Depth:                | Plug Ba                                  | ack Depth:    |                   | Plug Back Meth                  | iod:                            |                          |           |               |                              |   |  |  |    |
| Geological Date:            |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |
| Formation Name              | nation Name Formation Top Formation Base |               |                   | Completion Information          |                                 |                          |           |               |                              |   |  |  |    |
| 1                           | At:                                      | to            | Feet Perl         | oration Interval                | to                              | _ Feet or Open Hole Inte | ervalto   | Feet          |                              |   |  |  |    |
|                             |  |               |                   |                                 |                                 |                          |           |               |                              |   |  |  |    |

## Submitted Electronically

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

## Mail to the Appropriate KCC Conservation Office:

|  | 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 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |