Kansas Corporation Commission 1105381

Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

| DPERATOR: License# | | | | API No. 15 Spot Description: | | | | | | | | | | | | | | |
|---|------------------------------|---------|--------------|------------------------------|---|-----------------------|--------------------|-----------|------------|---------------|-----------|---------|-----|----------|--------------|-------|--------|----|
| | | | | | | | | | Address 1: | | | | | Sec | Twp S | . R |]E []W | |
| Address 2: | | | | | | feet from | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | |
| Contact Person: | | | | | | | | | | | | | | | | | | |
| Phone:() | | | | | | | | | | | | | | | | | | |
| Contact Person Email: | | | | | Lease Name: Well #: Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Spud Date: Date Shut-In: | | | | | | | | | | | | | |
| | | | | | | | | | | | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubir | ng |
| | | | | | | | | | | Size | | | | | | | | |
| | | | | | | | | | | Setting Depth | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | |
| Casing Fluid Level from Sur Casing Squeeze(s): | to w / | / sacks | | | | | | | | | | | | | | | | |
| | | | Ca | sing Leaks | Yes No Depth | of casing leak(s): | | | | | | | | | | | | |
| Depth and Type: Junk | | | | | | | | | | | | | | | | | | |
| Type Completion: ALT | | | | | | | / sack | or cement | | | | | | | | | | |
| Packer Type: | Size: | | Inch | Set at: | Feet | t | | | | | | | | | | | | |
| Total Depth: | Depth: Plug Back Depth: | | | Plug Back Meth | od: | | | | | | | | | | | | | |
| Geological Date: | | | | | | | | | | | | | | | | | | |
| Formation Name | Formation Top Formation Base | | | Completion Information | | | | | | | | | | | | | | |
| l | At: | to | _ Feet Perfo | oration Interval | to Fe | et or Open Hole Inter | val to | Feet | | | | | | | | | | |
| 2 | At: | to | Feet Perfo | ration Interval - | to Fe | et or Open Hole Inter | val to _ | Feet | | | | | | | | | | |
| INDED DENALTY OF DEE | O IIIDV I LIEDEDV ATTE | | mitted Ele | | | ABBECT TO THE BECT | FOE MAY LANGUM | EDCE | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: Results: | | | | Date Plugged: | Date Repaired: D | ate Put Back in Se | rvice: | | | | | | | | | | |
| Review Completed by: | | | Comr | nents: | | | | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Mail to the Appropriate KCC Conservation Office:

