Kansas Corporation Commission 1107103

Form CP-111 June 2011 Form must be Typed

TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete

| OPERATOR: License# | | | | API No. 15- | · | | | | | | | | | | | | | | | | | |
|---|-----------------------|--|-------------|-------------------|--------------------|----------------------|------------------------------|----------------|--------------|--|--|------------------|-----------|---------|-----|----------|--|---|-------|-----|------|--|
| Name: | | | | Spot Description: | | | | | | | | | | | | | | | | | | |
| Address 1: | | | | | Sec | ; T | wp S. F | R [| EW | | | | | | | | | | | | | |
| Address 2: | | | | | | | feet from N | = | | | | | | | | | | | | | | |
| City: State: zip: | | | | | GPS Location: Lat: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | , | | | | | ☐ Gas Storage Permit #: Spud Date: Date Shut-In: | | | | | |
| | | | | | | | | | | | | | Conductor | Surface | Pro | oduction | Intermedia | e | Liner | Tub | ping | |
| | | | | | | | | | | | | Size | | | | | | | | | | |
| | | | | | | | | | | | | Setting Depth | | | | | | | | | | |
| | | | | | | | | | | | | Amount of Cement | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | | | | | |
| Depth and Type: | ALT. II Depth o | of: DV Tool:(depth) | w / Inch | Set at: | s of cement | Port Collar: Feet | | | ck of cement | | | | | | | | | | | | | |
| Formation Name | Formation | Ton Formation Base | | | Comp | letion Inform | ation | | | | | | | | | | | | | | | |
| | | Formation Top Formation Base At: to Feet Peri | | • | | | eet or Open Hole Interval to | | | | | | | | | | | | | | | |
| 2 | | to Feet | | | | | Open Hole Interval | | | | | | | | | | | | | | | |
| INDER BENALTY OF RE | O IIIDV I UEDEDV ATTE | | | ectronicall | | D COBBEC | TTATUE BEST 6 | NE BAV IZBIOIA | " EDGE | | | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Re | | Date Plugge | d: Date f | Repaired: Date | e Put Back in S | Service: | | | | | | | | | | | | | | |
| Review Completed by: TA Approved: Yes | _ | | | | | | | | | | | | | | | | | | | | | |
| | • | Mallando - A | | VCC 0 | ration Off | | | | | | | | | | | | | | | | | |
| | | Mail to the App | ropriate | NUU Uonser | ration Office: | | | | | | | | | | | | | | | | | |

| there have been the total and friend things work over the law. | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 | |
|--|---|--------------------|--|
| 100 100 100 100 100 100 100 100 100 100 | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 | |
| The contract of the contract o | 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 | |