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-                  |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|--|-----------------------|-----------------------|----------|------------------------------|-------------------------------------|--------------------------|----------------------|-----------|-----------------------|--|--|--|---|--|--|--|--|
| Name:  |                       |                       |          | Spot Description:            |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Address 1:   |                       |                       |          |                              |                                     | Twp S.                   |                      |           |                       |  |  |  |   |  |  |  |  |
| Address 2:   |                       |                       |          |                              |                                     | feet from                |                      |           |                       |  |  |  |   |  |  |  |  |
| City: State: Zip: +   Contact Person:   Phone: ( ) |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|  |                       |                       |          |                              |                                     |                          |                      |           | Contact Person Email: |  |  |  | Lease Name: Well #:                               |  |  |  |  |
|  |                       |                       |          |                              |                                     |                          |                      |           | Field Contact Person: |  |  |  | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |  |  |  |  |
| Field Contact Person Phone: ( )                    |                       |                       |          | SWD Permit #: ENHR Permit #: |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|  |                       |                       |          |                              | Gas Storage Permit #: Date Shut-In: |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|  | Conductor             | Surface               | Pro      | duction                      | Intermediate                        | Liner                    | Tubing               | 3         |                       |  |  |  |   |  |  |  |  |
| Size   |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Setting Depth                                      |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Amount of Cement                                   |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Top of Cement                                      |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Bottom of Cement                                   |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Depth and Type:                                    | T.I ALT. II Depth o   | of: DV Tool:(depth)   | w / _    | Set at:                      | s of cement Port                    | Collar: w<br>et          |                      | of cement |                       |  |  |  |   |  |  |  |  |
| Geological Date:                                   | Ū                     | ·                     |          | · ·                          |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Formation Name                                     | Formation             | Top Formation Base    |          |                              | Completio                           | on Information           |                      |           |                       |  |  |  |   |  |  |  |  |
| 1  | At:                   | to Feet               | Perfo    | ration Interval .            | to F                                | Feet or Open Hole Interv | val to               | Feet      |                       |  |  |  |   |  |  |  |  |
| 2  | At:                   | to Feet               | Perfo    | ration Interval              | to F                                | Feet or Open Hole Interv | val to               | Feet      |                       |  |  |  |   |  |  |  |  |
| INDED DENALTY OF DEE                               | O ILIDVI LIEDEDV ATTE | CET THAT THE INICODMA | TION CO  | NITAINED HED                 | EIN IS TOLIE AND O                  | PODDECT TO THE DEST      | FOE MV KNOW!         | EDCE      |                       |  |  |  |   |  |  |  |  |
|  |                       | Submitt               | ed Ele   | ctronicall                   | У                                   |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY       | Date Tested:          | Results:              |          |                              | Date Plugged:                       | Date Repaired: Date      | ate Put Back in Serv | vice:     |                       |  |  |  |   |  |  |  |  |
| Review Completed by:                               |                       |                       | Comn     | nents:                       |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| TA Approved: Yes                                   | Denied Date:          |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|  |                       | Mail to the App       | ropriate | KCC Conserv                  | vation Office:                      |                          |                      |           |                       |  |  |  |   |  |  |  |  |

| Storm hade these than the last had been made that the con-   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| 1000      | 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 |
| Since Street State | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |