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 Descri | ption: | | | | | | | | | | | | | |
| Address 1: | | | | | Sec | Twp S. R. | E | <u> </u> | | | | | | | | | | |
| Address 2: | | | | | | feet from N / | = | | | | | | | | | | | |
| City: Contact Person: Phone: Contact Person Email: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 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 | | | | | | | |
| Size | | | | | | | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | |
| Casing Squeeze(s): (top) Do you have a valid Oil & Garden and Type: Depth and Type: Dep | as Lease? Yes n Hole at (depth) I ALT. II Depth company Size: Plug Back Formation At: | No Tools in Hole at | Ca w / _ Inch Perfo Perfo | sing Leaks: sacks Set at: sacks Plug Back Methor ration Interval ration Interval | Yes No Depth of Soft cement Port Conference Feet Pod: Completion I to Feet to Feet Pod: | of casing leak(s): w / ollar: w / | sack of | cement | | | | | | | | | | |
| | | Submitt | ed Ele | ctronically | y | | | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | | | | Date Plugged: Date Repaired: Date Put Back in Service: | | | | | | | | | | | | | | |
| Review Completed by: | | | Comm | nents: | | | | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | | | | | | | | |
| | | Mail to the Ann | venviete l | /CC Canaani | ration Officer | | | | | | | | | | | | | |

Mail to the Appropriate KCC Conservation Office:

| Notes been from the total gas foots and made that the total | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 | |
|--|---|--------------------|--|
| These than the same has been seen that the same than the s | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 | |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720 | Phone 620.432.2300 | |
| Similar Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.625.0550 | |