Kansas Corporation Commission Oil & Gas Conservation Division 1109291

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

June 2011

All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#                 |                             |                              |                          |        | API No. 15-            |                  |              |               |           |         |          |         |
|------------------------------------|-----------------------------|------------------------------|--------------------------|--------|------------------------|------------------|--------------|---------------|-----------|---------|----------|---------|
| Name:                              |                             |                              |                          |        | Spot Descri            | iption:          |              |               |           |         |          |         |
| Address 1:                         |                             |                              |                          |        |                        | Se               | ec           | Twp           | S. R.     |         | [] E     | W       |
| Address 2:                         |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| City:                              | State:                      | Zip:                         | +                        |        |                        |                  |              | _ feet from   |           |         |          | Section |
| Contact Person:                    |                             | -                            |                          |        |                        | NAD27 NA         |              | , Long:       |           | (e.gxxx | (.xxxxx) |         |
| Phone:()                           |                             |                              |                          |        |                        |                  |              |               |           |         | GL       | KB      |
| Contact Person Email:              |                             |                              |                          |        |                        | e:               |              |               |           |         |          |         |
| Field Contact Person:              |                             |                              |                          |        | Well Type: (           | (check one) 🗌    | Oil Gas      | OG WS         | sw 🗌 o    | ther:   |          |         |
| Field Contact Person Phon          |                             |                              |                          |        |                        | ermit #:         |              |               | R Permit  | #:      |          |         |
|                                    | //                          |                              |                          |        |                        | orage Permit #:_ |              |               |           |         |          |         |
|                                    |                             |                              |                          |        | Spud Date:             |                  |              | Date Shut-    | In:       |         |          |         |
|                                    | Conductor                   | Surfa                        | ce                       | Proc   | duction                | Intermedi        | ate          | Liner         |           |         | Tubing   |         |
| Size                               |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Setting Depth                      |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Amount of Cement                   |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Top of Cement                      |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Bottom of Cement                   |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Casing Fluid Level from Su         | rface:                      |                              | How Deter                | mined? |                        |                  |              |               | Dat       | e:      |          |         |
| Casing Squeeze(s):                 |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Do you have a valid Oil & O        | as Lease? 🗌 Yes             | No                           |                          |        |                        |                  |              |               |           |         |          |         |
| Depth and Type: Unk                | in Hole at                  | Tools in Ho                  | le at                    | Cas    | ing Leaks:             | Yes No           | Depth of ca  | sing leak(s): |           |         |          |         |
| Type Completion:                   | (depth)<br>.I ALT. II Depth | of: DV Too                   | (depth)<br>I:<br>(depth) | w/     | sacks                  | s of cement      | Port Collar: | (depth)       | w/        |         | sack of  | cement  |
| Packer Type:                       |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Total Depth:                       | Plug B                      | ack Depth:                   |                          | P      | lug Back Meth          | od:              |              | -             |           |         |          |         |
|                                    |                             |                              |                          |        |                        |                  |              |               |           |         |          |         |
| Geological Date:                   |                             | Formation Top Formation Base |                          |        | Completion Information |                  |              |               |           |         |          |         |
| Geological Date:<br>Formation Name | Formatio                    | n lop Formati                | Dabe                     |        |                        |                  |              |               |           |         |          |         |
| C C                                |                             |                              |                          | Perfor | ation Interval _       | to               | Feet or      | Open Hole     | Interval_ |         | to       | 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 🗌 De                      | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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 |