KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division 1113743

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 | | | | | | | | | | | | | | |
|--|--------------------|----------------------|-----------|-------------------|--------------|---------------------------|-----------------------|--|--|---------------------------|-----------|---------|-----|---|--------------|--------------|--------|--|
| | | | | Spot Description: | | | | | | | | | | | | | | |
| Address 1: | | | | · | Sec | Twp S. | R E 🗌 W | | | | | | | | | | | |
| Address 2: | | | | | | | I / S Line of Section | | | | | | | | | | | |
| City: State: Zip: + Contact Person: Contact Person Email: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Field Contact Person Phon | e: () | | | SWD Permit #: ENHR Permit #: | | | | |
| | | | | | | | | | | | () | | | Gas Storage Permit #: Spud Date: Date Shut-In: | | | | |
| | | | | | | | | | | | 1 | | | Spud Date. | | Date Shut-In | | |
| | | | | | | | | | | | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing | |
| Size | | | | | | | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | |
| Casing Fluid Level from Su | rface: | How De | termined? | | | | Date: | | | | | | | | | | | |
| Casing Squeeze(s): | b) to w / | sacks of ce | ment, | to | (bottom) W / | sacks of cement. [| Date: | | | | | | | | | | | |
| Do you have a valid Oil & O | Gas Lease? 🗌 Yes 🗌 | No | | | | | | | | | | | | | | | | |
| Depth and Type: Unk | in Hole at [| Tools in Hole at | Ca | sing Leaks: | Yes No Dep | th of casing leak(s): | | | | | | | | | | | | |
| Type Completion: | | | | | | | | | | | | | | | | | | |
| Packer Type: | | | | | | | | | | | | | | | | | | |
| Packer Type: | Size: | | Inch | Set at: | Fe | et | | | | | | | | | | | | |
| Total Depth: | Plug Ba | ck Depth: | I | Plug Back Meth | od: | | | | | | | | | | | | | |
| Geological Date: | | | | | | | | | | | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Completie | on Information | | | | | | | | | | | | |
| 1 | At: | to Feet | Perfo | ration Interval | toI | Feet or Open Hole Interva | al to Feet | | | | | | | | | | | |
| 2 | At: | to Feet | Perfo | ration Interval - | to I | Feet or Open Hole Interva | al toFeet | | | | | | | | | | | |
| | | EQT THAT THE INFORMA | | | | | | | | | | | | | | | | |

Submitted Electronically

| <i>Do NOT Write in This Space -</i> KCC USE ONLY | Date Tested: | Results: | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by: | | Comments: | | | |
| TA Approved: 🗌 Yes 🗌 D | enied Date: | | | | |

Mail to the Appropriate KCC Conservation Office:

| Norm bath lass nos tak an Andrikanan mad and being | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 |
|--|---|--------------------|
| Norm Norm <td< th=""><td>KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.630.4000</td></td<> | 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 |