Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

Phone 620.225.8888

Phone 316.630.4000

Phone 620.432.2300 Phone 785.625.0550

## TEMPORARY ABANDONMENT WELL APPLICATION

| DPERATOR: License#   |                          |                                  |                              | API No. 15Spot Description:  |   |  |             |                  |            |
|--|--------------------------|----------------------------------|------------------------------|--|---|--|-------------|------------------|------------|
|  |                          |                                  |                              |  |   |  |             |                  | Address 1: |
| Address 2:   |                          |                                  |                              |  |   |  |             | ,                |            |
| City:        State:        Contact Person:        Phone:   |                          |                                  |                              | feet from Feet f |   |  |             |                  |            |
|  |                          |                                  |                              |  |   |  |             |                  | _          |
|  |                          |                                  |                              | Contact Person Email:  | Lease Name: Well #:   |  |             |                  |            |
| Field Contact Person:  |                          |                                  |                              |  | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #: |  |             |                  |            |
|  |                          |                                  |                              |  |   |  |             |                  |            |
|  |                          |                                  |                              |  |   |  |             |                  |            |
| 0.   | Conductor                | Surface                          | Pro                          | oduction   | Intermediate  | Liner  |             | Tubing           |            |
| Size   |                          |                                  |                              |  |   |  |             |                  |            |
| Setting Depth  Amount of Cement  |                          |                                  |                              |  |   |  |             |                  |            |
| Top of Cement  |                          |                                  |                              |  |   |  |             |                  |            |
| Bottom of Cement   |                          |                                  |                              |  |   |  |             |                  |            |
| Casing Fluid Level from Surf Casing Squeeze(s):  (top) Do you have a valid Oil & Gat Depth and Type:  Type Completion:  Type Completion:  Total Depth:  Geological Date:  Formation Name | to w / w / w / ws Lease? | sacks of cen No Tools in Hole at | Ca<br>w / _<br>Inch<br>Perfo | sing Leaks: sacks Set at: Plug Back Meth   | (bottom) w / w / w / w / Per to Fee cod: to Fe  | sacks of cem of casing leak(s): Collar:(depth) t | nent. Date: | sack of cement   |            |
| INIDED DENALTY OF BED  | HIDVI HEBEBY ATTE        | Submitte                         |                              | ctronically  |   | NDDECTTO TUE E                                   | DEST OF MV  | VAIONII EDGE     |            |
| Do NOT Write in This<br>Space - KCC USE ONLY   | Date Tested:             | Re                               | Results:                     |  | Date Plugged:   | Date Repaired:                                   | Date Put B  | Back in Service: |            |
| Review Completed by:   |                          |                                  | Comn                         | nents:   |   |  |             |                  |            |
| TA Approved: Yes   | Denied Date:             |                                  |                              |  |   |  |             |                  |            |
|  |                          | Moil to the Arres                | oprioto I                    | VCC Canas  | ration Office:  |  |             |                  |            |
|  |                          | Mail to the Appr                 | opriate                      | TOO COUSELA  | anon Onice.   |  |             |                  |            |

KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226