Kansas Corporation Commission 1115250

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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                           |              |              |                        |            | API No. 15-         |                   |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
|--|--------------|--------------|------------------------|------------|---------------------|-------------------|---------------------|------------|---------------|----------|--|------------------|---------|-----|---------|-----|---------|--------------|-------|--|--------|--|
| Name:  |              |              |                        |            |                     | Spot Description: |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
| Address 1:                                   |              |              |                        |            |                     | Sec               | Twp                 | _ S. R     | [             | ≣        |  |                  |         |     |         |     |         |              |       |  |        |  |
| Address 2:                                   |              |              |                        |            |                     |                   |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
| City:  |              |              |                        |            |                     |                   |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
|  |              |              |                        |            |                     |                   |                     |            |               |          |  |                  | Conduct | tor | Surface | Pro | duction | Intermediate | Liner |  | Tubing |  |
|  |              |              |                        |            |                     |                   |                     |            |               |          |  | Size             |         |     |         |     |         |              |       |  |        |  |
|  |              |              |                        |            |                     |                   |                     |            |               |          |  | Setting Depth    |         |     |         |     |         |              |       |  |        |  |
|  |              |              |                        |            |                     |                   |                     |            |               |          |  | Amount of Cement |         |     |         |     |         |              |       |  |        |  |
|  |              |              |                        |            |                     |                   |                     |            |               |          |  | Top of Cement    |         |     |         |     |         |              |       |  |        |  |
|  |              |              |                        |            |                     |                   |                     |            |               |          |  | Bottom of Cement |         |     |         |     |         |              |       |  |        |  |
| Depth and Type:                              | I ALT. II    | Depth of:    | DV Tool:(depth)        | w/_        | sacks               | s of cement Port  | Collar:(depth)      |            |               | f cement |  |                  |         |     |         |     |         |              |       |  |        |  |
| Fotal Depth:                                 |              | Plug Back    | Depth:                 |            | _ Plug Back Method: |                   |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
| Geological Date:                             |              |              |                        |            |                     |                   |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
| Formation Name                               | F            | ormation To  | p Formation Base       |            |                     | Completion        | on Information      |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
| 1  | At:          |              | _ to Feet              | Perfo      | ration Interval .   | to F              | Feet or Open Hole I | nterval    | to            | Feet     |  |                  |         |     |         |     |         |              |       |  |        |  |
| 2  | At:          |              | _ to Feet              | Perfo      | ration Interval -   | to F              | eet or Open Hole I  | nterval    | to            | Feet     |  |                  |         |     |         |     |         |              |       |  |        |  |
| INDED DENALTY OF BED                         | IIIBV I UEBE | DV ATTEC     |                        |            | ctronicall          |                   | ADDECT TO THE E     | EST OF MAN | ' KNOWI E     | DOE      |  |                  |         |     |         |     |         |              |       |  |        |  |
| Do NOT Write in This<br>Space - KCC USE ONLY |              |              | Results:               |            |                     | Date Plugged:     | Date Repaired:      | Date Put E | Back in Servi | ice:     |  |                  |         |     |         |     |         |              |       |  |        |  |
| Review Completed by:                         |              |              |                        | Comm       | nents:              |                   |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
| TA Approved: Yes                             | Denied       | Date:        |                        |            |                     |                   |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
|  |              |              | Mail to the App        | ropriate l | KCC Conserv         | vation Office:    |                     |            |               |          |  |                  |         |     |         |     |         |              |       |  |        |  |
|  | L L          | (CC District | Office #1 - 210 F From | ntview Sui | te A Dodge Ci       | tv. KS 67801      |                     | Pho        | ne 620 225    | 5 8888   |  |                  |         |     |         |     |         |              |       |  |        |  |

| NAME AND DOOR DAY DOOR DAY DOOR DAYS DAYS WARE WARE THE PARTY DAYS   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| 1000   1000   1000   1   | 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 |  |
| dies trees trees that the large trees tree | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |