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 Description: | | | | | | | |
| Address 1: | | | | | · Sec. | | | | | | |
| Address 2: | | | | | | | | | | | |
| City: | | | | GPS Location: Lat: feet from Long: | | | | | | | |
| Contact Person: | | | | GPS Location: Lat: | | | | | | | |
| | | | | | | | | | | Contact Person Email: | |
| Field Contact Person: | | | | Well Type: (check one) Oil Gas OG WSW Other: | | | | | | | |
| Field Contact Person Phone: () | | | | | SWD Permit #: ENHR Permit #: | | | | | | |
| , | | | | | Gas Storage Permit #: Spud Date: Date Shut-In: | | | | | | |
| | | T | | opud Bato. | | | | | | | |
| | Conductor | Surface | Pro | oduction | Intermediate |) | Liner | Tubing | | | |
| Size | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | |
| Depth and Type: | .I ALT. II Depth of | of: DV Tool:(depth) | w/_ | sack | s of cement Po | ort Collar: | | | of cement | | |
| Total Depth: | Plug Ba | Plug Back Depth: | | Plug Back Method: | | | | | | | |
| Geological Date: | | | | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Comple | etion Information | | | | | |
| 1 | At: | to Feet | Perfo | oration Interval | to | | Hole Interval | to | Feet | | |
| 2 | At: | to Feet | Perfo | ration Interval. | to | Feet or Open | Hole Interval — | to | Feet | | |
| | | CT TU AT TUE INCODMA | | | | | | | | | |
| INDER BENKLTV AF BEE | THE THEBESV ATTE | | | | | COBBECTIO | THE BEST AE K | IV DEIOWI E | :DCE | | |
| | | Submitt | ed Ele | ctronicall | у | | | | | | |
| | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | ed: Results: | | | Date Plugged | : Date Repair | red: Date Pu | t Back in Serv | rice: | | |
| Review Completed by: | | | Comn | nents: | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | |
| | | Mail to the App | ropriate | KCC Conserv | ation Office | | | | | | |
| | | an to the App | opriate | | | | | | | | |

| Name have been now toke tok and from homes mad man for home | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 |
|--|---|--------------------|
| 1000 1000 1000 1000 1000 1000 1000 100 | 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 |
| | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.625.0550 |