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

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

				API No. 15-															
Name:				Spot Descri	iption:														
Address 1:					Sec	Twp	S. R	E	: W										
Address 2:						feet from	= =	=											
City: State: + Contact Person:																			
										Contact Person Email:				Lease Name: Well #:					
										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:																		
				Spud Date:		Date Shut-	·in:												
	Conductor	Surface	Pro	duction	Intermediate	Liner		Tubing											
Size																			
Setting Depth																			
Amount of Cement																			
Top of Cement																			
Bottom of Cement																			
Do you have a valid Oil & Gas Depth and Type:	Hole at [ALT. II Depth Size:	Tools in Hole at	w / _ Inch	sacks	s of cement Por	t Collar:(depth)													
		ick Deptn:		Flug back ivietti	od:														
Geological Date:		іск Deptn:		Flug Back Meth	od:														
Geological Date: Formation Name		n Top Formation Base		Flug back Metri		ion Information													
Formation Name	Formation				Completi		Interval	to	Feet										
-	Formation	Top Formation Base	Perfo	ration Interval ₋	Completi to	on Information													
Formation Name 1	Formation At:	Top Formation Base to fo Feet to Feet	Perfo	ration Interval ₋ ration Interval -	Completi	ion Information Feet or Open Hole Feet or Open Hole													
Formation Name 1	Formation At:	Top Formation Base to to Feet to Feet Submitte	Perfo	ration Interval _ ration Interval _	Completi	ion Information Feet or Open Hole Feet or Open Hole	Interval		Feet										
Do NOT Write in This	Formation At: At: Date Tested:	Top Formation Base to to Feet to Feet Submitte	Perfo Perfo CTION COL ed Ele esults:	ration Interval	Completi toto to	Feet or Open Hole Feet or Open Hole	Interval	toto	Feet										
Do NOT Write in This Space - KCC USE ONLY	Formation At: At: Date Tested:	Top Formation Base to to Feet to Feet Submitte Re	Perfo Perfo CTION COL ed Ele esults:	ration Interval	Completi toto to	Feet or Open Hole Feet or Open Hole	Interval	toto	Feet										

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
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