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

All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| PPERATOR: License#                                                                                                                                                     |                                                                                          |                     |             | API No. 15-  Spot Description:        |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------|-------------|---------------------------------------|----------------------------------------------------------------|--------------------------------|--------|---------------------------|----------|--------------------------------|-----------|---------|----|----------|-----------------|-------|--|--------|--|--|
| lame:                                                                                                                                                                  |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
| Address 1:                                                                                                                                                             |                                                                                          |                     |             |                                       | Sec                                                            | Twp                            | _ S. R | [                         | E W      |                                |           |         |    |          |                 |       |  |        |  |  |
| Address 2:                                                                                                                                                             |                                                                                          |                     |             |                                       |                                                                |                                | = =    | i i                       |          |                                |           |         |    |          |                 |       |  |        |  |  |
| City:            State:            Contact Person:            Contact Person Email:                                                                                    |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
|                                                                                                                                                                        |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          | ield Contact Person Phone: ( ) |           |         |    |          | ☐ SWD Permit #: |       |  |        |  |  |
|                                                                                                                                                                        |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
|                                                                                                                                                                        |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                | Conductor | Surface | Pr | oduction | Intermediate    | Liner |  | Tubing |  |  |
|                                                                                                                                                                        |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          | Size                           |           |         |    |          |                 |       |  |        |  |  |
| Setting Depth                                                                                                                                                          |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
| Amount of Cement                                                                                                                                                       |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
| Top of Cement                                                                                                                                                          |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
| Bottom of Cement                                                                                                                                                       |                                                                                          |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
| Casing Squeeze(s):  (top)  To you have a valid Oil & Gar  Depth and Type:  Junk in  Type Completion:  ALT.  Packer Type:  Cotal Depth:  Cormation Name  Cormation Name | as Lease? Yes   n Hole at (depth)  I ALT. II Depth of Size: Plug Back  Formation At: At: | No Tools in Hole at | epth) Ca    | sasing Leaks: sacks set at: sack Meth | Yes No Depth s of cement Port C Fee od: Completion to Fe to Fe | of casing leak(s):  Collar:    | w /    | sack of                   | f cement |                                |           |         |    |          |                 |       |  |        |  |  |
|                                                                                                                                                                        |                                                                                          |                     |             | •                                     |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                                                                                                                           |                                                                                          |                     | Results:    |                                       | Date Plugged:                                                  | Date Plugged: Date Repaired: C |        | Date Put Back in Service: |          |                                |           |         |    |          |                 |       |  |        |  |  |
| Review Completed by:                                                                                                                                                   |                                                                                          |                     | Comr        | ments:                                |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
| TA Approved: Yes                                                                                                                                                       | Denied Date:                                                                             |                     |             |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
|                                                                                                                                                                        |                                                                                          | Mail to the Ap      | nronriate   | KCC Conserv                           | ration Office                                                  |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |
|                                                                                                                                                                        |                                                                                          |                     | - p p. 14.0 |                                       |                                                                |                                |        |                           |          |                                |           |         |    |          |                 |       |  |        |  |  |

| from take that the take take as and take below that were the pro-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
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| 100 100 100 100 100 100 100 100 100 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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 |
| Sime from the first too too too too too too too too too t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |