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 | 🗆 E 🔲 W | | | | | | | | | |
| Address 2: | | | | | | feet from N | | | | | | | | | | |
| City: | State: | Zip: + | | | | feet from E | | | | | | | | | | |
| Contact Person: Phone:() Contact Person Email: Field Contact Person: Field Contact Person Phone:() | | | | GPS Location: Lat: | | | | | | | | | | | | |
| | | | | | | | | |)- | | | | Gas Storage Permit #: Date Shut-In: | | | |
| | | | | | | | | | | Conductor | Surface | Pro | duction | Intermediate | Liner | Tubing |
| | | | | | | | | | Size | | | | | | | |
| | | | | | | | | | Setting Depth | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | |
| Depth and Type: Junk Type Completion: AL Packer Type: Total Depth: Geological Date: | T. I ALT. II Depth o | f: DV Tool:(depth) | w / _ Inch | Set at: | s of cement Port Co | ollar: w / _ (depth) | | | | | | | | | | |
| Formation Name | Formation ¹ | Top Formation Base | | | Completion | Information | | | | | | | | | | |
| 1 | At: | to Feet | Perfo | ration Interval . | to Fee | et or Open Hole Interval | to Feet | | | | | | | | | |
| 2 | At: | to Feet | | | | et or Open Hole Interval | | | | | | | | | | |
| IINDED DENALTY OF DE | D IIIDV I LIEDEDV ATTE | | | ctronically | | BBEATTA THE BEAT A | E MV IZNOMI EDGE | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONL | Date Tested: | Date Tested: Results: | | | Date Plugged: | Date Repaired: Date | Put Back in Service: | | | | | | | | | |
| Review Completed by: | | | Comm | nents: | | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | | | | | | |
| | | Mail to the App | ropriate I | KCC Conserv | ration Office: | | | | | | | | | | | |
| i | | | | | | | | | | | | | | | | |

| | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 |
|---|---|--------------------|
| | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| Table 1 or 1 o | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720 | Phone 620.432.2300 |
| Sime there has not not continued the latest the continued | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.625.0550 |