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:					ption:									
Address 1:					Sec	Twp	S. R							
Address 2:							= =	=						
City: State: Zip: + Contact Person:														
										Lease Name: Well #:				
										Field Contact Person:				Well Type: (check one) Oil Gas OG WSW Other:
				Field Contact Person Phone: ()					SWD Permit #: ENHR Permit #:					
,	,			_	rage Permit #:		.In·							
		I I		Opud Date.		Date Onti-								
	Conductor	Surface	Pro	oduction	Intermediate	Liner		Tubing						
Size														
Setting Depth														
Amount of Cement														
Top of Cement														
Bottom of Cement														
Casing Fluid Level from Surface Casing Squeeze(s):							nent. Date:							
Casing Squeeze(s): (top) Do you have a valid Oil & Gas I Depth and Type: Junk in H Type Completion: ALT. I Packer Type: Total Depth: Geological Date: Formation Name	to w /	sacks of ceres sacks	Can w / _ Inch Perfor	sing Leaks: sacks set at: sacks Plug Back Methor	Completion to to Ference contact to	sacks of cement of casing leak(s): Collar: (depth) et In Information eet or Open Hole eet or Open Hole	w/	sack of cement to Feet to Feet						
Casing Squeeze(s): (top) Do you have a valid Oil & Gas I Depth and Type: Junk in H Type Completion: ALT. I Packer Type: ALT. I Total Depth: Geological Date: Formation Name 1	to w /	sacks of ceres sacks	Can w / _ Inch Perfor	sing Leaks: sacks Set at: Plug Back Methoration Interval	Completion to to Ference contact to	sacks of cement of casing leak(s): Collar: (depth) et In Information eet or Open Hole eet or Open Hole	w/ Interval Interval	sack of cement to Feet to Feet						
Casing Squeeze(s): (top) Do you have a valid Oil & Gas I Depth and Type: Junk in H Type Completion: Packer Type: Total Depth: Geological Date: Formation Name 1. 2. Do NOT Write in This Space - KCC USE ONLY	to w /	sacks of ceres sacks	Performents:	sing Leaks: sacks Set at: Plug Back Methoration Interval	Completion to Fee	sacks of cement of casing leak(s): Collar: (depth) et In Information eet or Open Hole eet or Open Hole	w/ Interval Interval	to Feet						
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10 10 10 10 10 10 10 10	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
	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