Form CP-111 June 2011 Form must be Typed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete

| OPERATOR: License#   |   |                     |                     | API No. 15-                                  |                                |                                   |         |                 |           |           |
|--|---|---------------------|---------------------|--|--------------------------------|-----------------------------------|---------|-----------------|-----------|-----------|
| Name:  |   |                     |                     | Spot Description:                            |                                |                                   |         |                 |           |           |
| Address 1:   |   |                     |                     |  | Sec                            | Twp                               | S. R    | [] I            | E W       |           |
| Address 2:   |   |                     |                     |  |                                | feet from                         |         |                 |           |           |
| City:  |   |                     |                     |  |                                |                                   |         |                 |           |           |
|  |   |                     |                     |  |                                |                                   |         |                 |           | Phone:( ) |
| Field Contact Person:  |   |                     |                     | Well Type: (check one) Oil Gas OG WSW Other: |                                |                                   |         |                 |           |           |
| Field Contact Person Phone: ( )  |   |                     |                     |  | ☐ SWD Permit #:                |                                   |         |                 |           |           |
|  |   |                     |                     |  |                                |                                   |         |                 |           |           |
| Size   | Conductor   | Surface             | FIC                 | duction                                      | memediate                      | Linei                             |         | Tubing          |           |           |
| Setting Depth  |   |                     |                     |  |                                |                                   |         |                 |           |           |
| Amount of Cement   |   |                     |                     |  |                                |                                   |         |                 |           |           |
| Top of Cement  |   |                     |                     |  |                                |                                   |         |                 |           |           |
| Bottom of Cement   |   |                     |                     |  |                                |                                   |         |                 |           |           |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Garden and Type:  Depth and Type:  Junk if Iype Completion:  Packer Type:  Geological Date:  Formation Name | as Lease? Yes   n Hole at [  I ALT. II Depth o  Size: Plug Ba | No Tools in Hole at | Ca<br>w / _<br>Inch | sing Leaks: sacks Set at:                    | Yes No De of cement Pool Food: | pth of casing leak(s): rt Collar: | w/      | sack o          | of cement |           |
| 1  |   |                     |                     |  |                                | Feet or Open Hole                 |         |                 |           |           |
| 2  |   | to Feet             |                     |  |                                | Feet or Open Hole                 |         |                 |           |           |
|  |   | Submitte            | ed Ele              | ctronically                                  | <b>y</b>                       |                                   |         |                 |           |           |
| Do NOT Write in This<br>Space - KCC USE ONLY   | Date Tested:  | Ro                  | Results:            |  | Date Plugged:                  | Date Repaired:                    | Date Pu | it Back in Serv | rice:     |           |
| Review Completed by:   |   |                     | Comn                | nents:                                       |                                |                                   |         |                 |           |           |
| TA Approved: Yes   | Denied Date:  |                     |                     |  |                                |                                   |         |                 |           |           |
|  |   | Mail to the App     | ropriate            | KCC Conserv                                  | ation Office:                  |                                   |         |                 |           |           |

| Notes bear tree to the last fact the same bear the same  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| The trans of the case of the c | 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 |
| Similar State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |