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

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License#									
Name:				Spot Descri	ption:				
Address 1:					Sec	Twp	S. R		■ W
Address 2:							= :	=	
City:									
				GPS Location	on: Lat:	, Long:	:((e.gxxx.xxxxx)	
				Datum:					
Contact Person Email: Field Contact Person: Field Contact Person Phone: ()				Lease Name: Well #:					_
				Well Type: (check one) Oil Gas OG WSW Other:					
					ermit #:				
				_	rage Permit #:				
				Spud Date:		Date Shut	t-In:		
	Conductor	Surface	Pro	oduction	Intermediate	Liner	r	Tubing	
Size									
Setting Depth									
Amount of Cement									
Top of Cement									
Bottom of Cement									
Casing Squeeze(s):	to w	/ sacks of c							
Casing Squeeze(s): (top) To you have a valid Oil & Gas If the Case If the Ca	to w	No sacks of control sac	ement, Ca w / _	tototsing Leaks: sacks	(bottom) w /	sacks of cer h of casing leak(s): Collar:	ment. Date:	:	
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No. No.	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
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