Kansas Corporation Commission 1133837

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                  |              | _         |          |  |  |
| Dity: +                                      |                              |                       |          | GPS Location: Lat: feet from E / W Line of Section |  |                            |              |           |          |  |  |
| Contact Person:                              |                              |                       |          | GPS Location: Lat:                                 |  |                            |              |           |          |  |  |
| Phone:( )                                    |                              |                       |          |  | County: Elevation: GL KB   |                            |              |           |          |  |  |
| Contact Person Email:                        |                              |                       |          |  | Lease Name: Well #:  |                            |              |           |          |  |  |
| Field Contact Person: )                      |                              |                       |          |  | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #: |                            |              |           |          |  |  |
|  |                              |                       |          |  |  |                            |              |           |          |  |  |
|  | Conductor                    | Surface               | Pro      | oduction   | Intermediate   | Lin                        | er           | Tubing    |          |  |  |
| Size   | Conductor                    | Curiace               |          | oddollori  | memediate  |                            |              | rubing    |          |  |  |
| Setting Depth                                |                              |                       |          |  |  |                            |              |           |          |  |  |
| Amount of Cement                             |                              |                       |          |  |  |                            |              |           |          |  |  |
| Top of Cement                                |                              |                       |          |  |  |                            |              |           |          |  |  |
| Bottom of Cement                             |                              |                       |          |  |  |                            |              |           |          |  |  |
| Depth and Type:                              | T. I ALT. II Depth o         | of: DV Tool:(depth)   | w / _    | Set at:  | s of cement Po   | ort Collar:                | w /          | sack o    | f cement |  |  |
| Geological Date:                             |                              |                       |          |  |  |                            |              |           |          |  |  |
| Formation Name                               | Formation Top Formation Base |                       |          | Completion Information                             |  |                            |              |           |          |  |  |
| 1  | At:                          | to Feet               | Perfo    | ration Interval                                    | to   | Feet or Open Hole Interval |              | to        | Feet     |  |  |
| 2  | At:                          | to Feet               | Perfo    | ration Interval                                    | to   | Feet or Open Ho            | le Interval  | to        | Feet     |  |  |
| UNDED DENIALTY OF DE                         | D IIIDV I LIEDEDV ATTE       |                       |          | ectronicall  |  | A COBBECT TO TU            | E DECT OF MV | / KNOWI E | DOE      |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:                 | Date Tested: Results: |          |  | Date Plugged: Date Repaired: Date Put Back in Service:                     |                            |              |           |          |  |  |
| Review Completed by:                         |                              |                       | Comn     | nents:   |  |                            |              |           |          |  |  |
| TA Approved: Yes                             | Denied Date:                 |                       |          |  |  |                            |              |           |          |  |  |
|  |                              | Mail to the App       | ropriate | KCC Conserv  | vation Office:   |                            |              |           |          |  |  |
|  |                              |                       |          |  |  |                            |              |           | $\neg$   |  |  |

| States bade from the title (and pass facility states from the pass   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| Name      | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |  |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |  |
| Size Name Street | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |