Kansas Corporation Commission 1140801

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            | T\                   | wp S. R            | R                | $E \ \square  W$ |  |  |      |           |         |     |          |              |   |       |        |   |
| Address 2:   |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| City:         +  |                       |                     |          | feet from E / W Line of Section |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
|  |                       |                     |          | GPS Location: Lat:, Long:       |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Phone: ( )   |                       |                     |          |                                 | County:        |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
|  |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
|  |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      | Conductor | Surface | Pro | oduction | Intermediate | е | Liner | Tubing | g |
|  |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  | Size |           |         |     |          |              |   |       |        |   |
| Setting Depth  |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Amount of Cement   |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Top of Cement  |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Bottom of Cement   |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Depth and Type:  Junk Type Completion:  ALT Packer Type: | T. I ALT. II Depth o  | of: DV Tool:(depth) | w / _    | Set at:                         | s of cement P  | ort Collar:          | ng leak(s): w /w / | sack             | of cement        |  |  |      |           |         |     |          |              |   |       |        |   |
| Total Depth:   | Plug Bad              | ck Depth:           |          | Plug Back Meth                  | iod:           |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Geological Date:   |                       |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Formation Name   |                       | Top Formation Base  |          |                                 | •              | npletion Information |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| 1  | At:                   | to Feet             | Perfo    | ration Interval                 |                |                      |                    |                  | Feet             |  |  |      |           |         |     |          |              |   |       |        |   |
| 2  | At:                   | to Feet             | Perfo    | ration Interval                 | to             | _ Feet or O          | pen Hole Interval  | to               | Feet             |  |  |      |           |         |     |          |              |   |       |        |   |
| IINDED DENALTY OF BE                                     | D IIIDV I UEDEDV ATTE |                     |          |                                 |                | CODDECT              | TO THE BEST O      | AE MAY IZBIONANI | EDCE             |  |  |      |           |         |     |          |              |   |       |        |   |
|  |                       | Submitt             | ed Ele   | ectronicall                     | У              |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| Do NOT Write in This<br>Space - KCC USE ONLY             | Date Tested:          | R                   | esults:  |                                 | Date Plugged   | d: Date R            | Repaired: Date     | Put Back in Ser  | vice:            |  |  |      |           |         |     |          |              |   |       |        |   |
| Review Completed by:                                     |                       |                     | Comn     | nents:                          |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
| TA Approved: Yes   | Denied Date:          |                     |          |                                 |                |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
|  |                       | Mail to the App     | ronriato | KCC Conson                      | vation Office: |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |
|  |                       | тап ю ше Арр        | opriate  | Conserv                         | vacion onice.  |                      |                    |                  |                  |  |  |      |           |         |     |          |              |   |       |        |   |

| Notes been from the total gas foots and made that the total  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| These than the same has been seen the same than the same t | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |  |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |  |
| Similar Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |