KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division 1141900

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 | | | | | |
|---|-------------------|-----------------|-----------------|---------------------------------|-----------------|------------------------|-----------------------|--------------|---------------------|
| | | | | Spot Description: | | | | | |
| Address 1: | | | | | Sec | Twp S | 8. R E 🗌 W | | |
| Address 2: | | | | | | | N / S Line of Section | | |
| City: State: Zip: Contact Person: Phone:() | | | | feet from E / W Line of Section | | | | | |
| | | | | GPS Location: Lat: | | | | | |
| | | | | | | | | | |
| | | | | Field Contact Person: | | | | Well Type: (| (check one) 🗌 Oil [|
| Field Contact Person Phone | | | | SWD Permit #: ENHR Permit #: | | | | | |
| | | | | | orage Permit #: | | | | |
| | | | | Spud Date: | | Date Shut-In: _ | | | |
| | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing | | |
| Size | | | | | | | | | |
| Setting Depth | | | | | | | | | |
| Amount of Cement | | | | | | | | | |
| Top of Cement | | | | | | | | | |
| Bottom of Cement | | | | | | | | | |
| Casing Fluid Level from Su | rface: | | How Determined? | , | | | Date: | | |
| - | | | | | | | | | |
| Casing Squeeze(s): |) (bottom) | , 000 | | (top) | (bottom) | | | | |
| Do you have a valid Oil & G | as Lease? 🗌 Yes 🛛 | No | | | | | | | |
| Depth and Type: Dunk | in Hole at | Tools in Hole a | at Ca | sing Leaks: | Yes No De | pth of casing leak(s): | | | |
| Type Completion: | .I ALT. II Depth | of: DV Tool: _ | w / _ | sacks | s of cement Por | rt Collar: w | v / sack of cement | | |
| Packer Type: | | | | | | | | | |
| | | | | | | | | | |
| Total Depth: | Plug Ba | ack Depth: | | Plug Back Meth | od: | | | | |
| | | | | | | | | | |
| Geological Date: | | Ton Formation | Paga | | Complet | ion Information | | | |
| Geological Date: Formation Name | Formation | n Top Formation | Dase | | Complet | | | | |
| U U | | • | | ration Interval | | | rval toFeet | | |

Submitted Electronically

| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Results: | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by: | | Comments: | | | |
| TA Approved: 🗌 Yes 🗌 I | Denied Date: | | | | |

Mail to the Appropriate KCC Conservation Office:

| Norm Norm <th< th=""><th>KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801</th><th>Phone 620.225.8888</th></th<> | 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 |