KANSAS CORPORATION COMMISSION 1145203

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-      |                |                |                  |          |         |         |         |
|------------------------------------|--------------------|---------------|----------|-------------------|------------------|----------------|----------------|------------------|----------|---------|---------|---------|
| Name:                              |                    |               |          |                   | Spot Descri      | ption:         |                |                  |          |         |         |         |
| Address 1:                         |                    |               |          |                   |                  | S              | ec             | _ Twp            | _ S. R.  |         |         | W       |
| Address 2:                         |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| City:                              | State:             | Zip:          | +        |                   |                  |                |                | feet from        |          |         |         | Section |
| Contact Person:                    |                    |               |          |                   |                  | NAD27          | e.g. xx.xxxxx) | , Long: .        |          | (e.gxxx | .xxxxx) |         |
| Phone:()                           |                    |               |          |                   |                  |                |                |                  |          |         | GL      | KB      |
| Contact Person Email:              |                    |               |          |                   | Lease Nam        | e:             |                |                  | Well #:  |         |         |         |
| Field Contact Person:              |                    |               |          |                   |                  | check one) 🗌   |                |                  |          |         |         |         |
| Field Contact Person Phone         | :( )               |               |          |                   |                  | ermit #:       |                |                  | R Permit | #:      |         |         |
|                                    | ()                 |               |          |                   |                  | rage Permit #: |                |                  |          |         |         |         |
|                                    |                    |               |          |                   | Spud Date:       |                |                | _ Date Shut-I    | n:       |         |         |         |
|                                    | Conductor          | Surfa         | ice      | Pro               | duction          | Intermed       | iate           | Liner            |          |         | Tubing  |         |
| Size                               |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| Setting Depth                      |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| Amount of Cement                   |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| Top of Cement                      |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| Bottom of Cement                   |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| Casing Fluid Level from Sur        | face:              |               | How Dete | rmined?           |                  |                |                |                  | Date     | ə:      |         |         |
| Casing Squeeze(s):                 |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| Do you have a valid Oil & Ga       | as Lease? Yes      | No            |          |                   |                  |                |                |                  |          |         |         |         |
| Depth and Type: 🗌 Junk i           | n Hole at          | Tools in Ho   | le at    | Cas               | ing Leaks:       | Yes No         | Depth of ca    | asing leak(s): . |          |         |         |         |
| Type Completion:                   | I ALT. II Depth    | of: DV Too    | (deptn)  | w /               | sacks            | s of cement    | Port Collar    |                  | _ w /    |         | sack of | cement  |
| Packer Type:                       |                    |               |          |                   |                  |                |                | (depth)          |          |         |         |         |
| Total Depth:                       | Plug Back Depth: F |               |          | Plug Back Method: |                  |                |                |                  |          |         |         |         |
|                                    |                    |               |          |                   |                  |                |                |                  |          |         |         |         |
| Geological Date:                   |                    | Tan Farmati   | on Baso  |                   |                  | Con            | pletion Info   | rmation          |          |         |         |         |
| Geological Date:<br>Formation Name | Formatio           | n lop Formati | UII Dase |                   |                  |                |                |                  |          |         |         |         |
| -                                  |                    |               |          | Perfor            | ation Interval _ | to             | Feet or        | Open Hole In     | nterval_ |         | to      | Feet    |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

|  | 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 |  |  |