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

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License#				/11 1110. 10														
lame:				Spot Descri	iption:													
Address 1:					Sec	Twp	S. R	EW										
Address 2:							= =	=										
City: State: + Contact Person:																		
										Contact Person Email:					e:			
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ield Contact Person Phone: (.)			l —	ermit #:		R Permit #:											
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	Conductor	Surface	Pro	oduction	Intermediate	Liner		Tubing										
Size																		
Setting Depth																		
Amount of Cement																		
Top of Cement																		
Bottom of Cement																		
Casing Squeeze(s):(top)	to w /	sacks of c																
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Casing Fluid Level from Surface Casing Squeeze(s): (top) Do you have a valid Oil & Gast Depth and Type: D		sacks of control No Sacks of control No Tools in Hole at (depth of: DV Tool: (depth of: Depth of	ement, Ca W / Inch	sing Leaks: sacks Set at: Plug Back Meth	w / w / Yes No Deptles of cement Port (sacks of centh of casing leak(s): Collar:	nent. Date:	sack of cemen										
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Notes that the notes that the part that the	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
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