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:					•	Twp			W	
Address 2:						feet from	N /	S Line of	Section											
City: + Contact Person:				GPS Location: Lat:																
										Phone:()					Datum: NAD27 NAD83 WGS84 County: Elevation: GL KB Lease Name: Well #: Well #: Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: ENHR Permit #: Spud Date: Date Shut-In:					
		T T		Opud Date.		Date Glidt-														
	Conductor	Surface	Pro	oduction	Intermediate	Liner		Tubing												
Size																				
Setting Depth																				
Amount of Cement																				
Top of Cement																				
Bottom of Cement																				
Casing Fluid Level from Sur	face:	How Dete	ermined?				Date: _													
Casing Squeeze(s):	to w /	sacks of cer	nent,	to	w/	sacks of cem	ent. Date: _													
	·	_		(тор)	(bottom)															
Do you have a valid Oil & G		_		_																
Depth and Type:	n Hole at [(depth)	Tools in Hole at(depth)	Ca	sing Leaks:	」Yes	oth of casing leak(s):														
Type Completion: ALT.	I ALT. II Depth of	of: DV Tool:(depth)	w/_	sacks	s of cement Por	t Collar:	_ w /	sack of	cement											
Packer Type:																				
Total Depth:	Plug Back Depth: Plug Back Method:																			
On all orient Data																				
Geological Date:																				
Formation Name		Top Formation Base			•	ion Information			_											
l	At:					Feet or Open Hole I														
<u>.</u>	At:	to Feet	Perfo	ration Interval -	to	Feet or Open Hole I	nterval	to	Feet											
INDED DENALTY OF DED	IIIDV I UEDEDV ATTE	CT TUAT TUE INCODMAT	10N CO	NTAINED HED	EIN IS TOLLE AND	CORRECT TO THE R	EST OF MV	NNOW! EL	VCE											
		Submitte	d Ela	ctronicall	.,															
		Submitte	u Lie	Cironican	у															
Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Date Tested: Results:			Date Plugged:	Date Repaired:	Date Put B	ack in Servio	:e:											
Review Completed by:			Comm	nents:																
TA Approved: Yes	Denied Date:																			
		Mail to the Appro	opriate l	KCC Conserv	vation Office:															

There had been too the too and held took took took took took took took too	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888	
There has been and be to the same the s	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	
Name Name Name	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550	