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 11 10. 10														
lame:				Spot Descri	iption:													
Address 1:					Sec	Twp	S. R	EW										
Address 2:							= =	=										
State: Zip: +																		
										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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