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 Description:					
Address 2:						feet from [feet from [
City:	State:	Zip:	_ +						Section	
Contact Person:					(e.g. xx. NAD27 NAD83	, Long: _	(e.g:	xxx.xxxxx)		
Phone:()						Elevation:		_	KB	
Contact Person Email:					Lease Name:					
										Field Contact Person Phone: ()
	,				orage Permit #:	 Date Shut-Ir	a•			
T				Opud Date		Date Ond:-				
	Conductor	Surface		Production	Intermediate	Liner		Tubing		
Size										
Setting Depth										
Amount of Cement										
Top of Cement Bottom of Cement										
bottom of Cement										
Casing Fluid Level from Sur	face:		How Detern	nined?			Date:			
Casing Squeeze(s):	to w /	sa	cks of cemer	nt, to _	w/	sacks of ceme	ent. Date:			
Do you have a valid Oil & G	as Lease? Yes	No								
Depth and Type:	in Hole at	Tools in Hole a	at (depth)	Casing Leaks:	Yes No Dep	th of casing leak(s): _				
Type Completion: ALT									cemen	
Packer Type:										
tal Depth: Plug Back Depth:			Plug Back Method:							
Geological Date:										
Formation Name	Formation	Top Formation	Base		Completion	on Information				
1.		·		Perforation Interval	·	Feet or Open Hole In	ıterval	to	Feet	
2		to				Feet or Open Hole In				
INDED DENALTY OF BEE	IIIDV I LEDEDV ATTE	CT TU AT TUE IN	IEODMATIO	NI CONTAINED LE	DEIN ICTOLIE AND A	CODDECT TO THE DE	ECT OF MV I	NIOWI EL	VCE	
		Su	ıbmitted	Electronical	ly					
Do NOT Write in This Space - KCC USE ONLY	Date Tested:		Resul	ts:	Date Plugged:	Date Repaired:	Date Put Ba	ck in Servic	 ce:	
Review Completed by:	Comi			Comments:						
TA Approved: Yes	Denied Date:									
pri0100 103										

Mail to the Appropriate KCC Conservation Office:

