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

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License# | | | | API No. 15- | | | | | | | | | | | | | | | | | |
|--|-----------------------|-----------------------|-------------|-------------------|--|-------------------------|-------------|-------------|-----------|-----------------------|--|--|--|---|---------------------|--|--|--|--|--|--|
| Name: | | | | Spot Description: | | | | | | | | | | | | | | | | | |
| Address 1: | | | | | Sec. | Twp | S. R | | E W | | | | | | | | | | | | |
| Address 2: | | | | | | feet fror | = = | = | | | | | | | | | | | | | |
| City: State: + Contact Person: Phone: | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Contact Person Email: | | | | | Lease Name: Well #: | | | | | | |
| | | | | | | | | | | Field Contact Person: | | | | Well Type: (check one) Oil Gas OG WSW Other: | | | | | | | |
| Field Contact Person Phone: () | | | | | SWD Permit #: ■ ENHR Permit #: Gas Storage Permit #: | | | | | | | | | | | | | | | | |
| | , | | | | | Date Shi | ut-In: | | | | | | | | | | | | | | |
| | Conductor | Surface | Pro | duction | Intermediate | Line | er | Tubing | , | | | | | | | | | | | | |
| Size | | | | | | | | | | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | | | | |
| Depth and Type: | ALT. II Depth o | f: DV Tool:(depth) | w / Inch | Set at: | s of cement Po | ort Collar:(depth) Feet | | | of cement | | | | | | | | | | | | |
| Geological Date: | | | | | | | | | | | | | | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Comple | tion Information | | | | | | | | | | | | | | | |
| 1 | At: | to Feet | Perfo | ration Interval | to | Feet or Open Hol | e Interval | to | Feet | | | | | | | | | | | | |
| 2 | At: | to Feet | Perfo | ration Interval | to | Feet or Open Hol | e Interval | to | Feet | | | | | | | | | | | | |
| IINDED DENALTY OF DEE | D IIIDV I UEDEDV ATTE | | | ctronically | | CORRECTTOTUE | E DECT OF M | A IANOMII E | :DCE | | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Date Tested: Results: | | | Date Plugged: | Date Repaired: | Date Put | Back in Ser | /ice: | | | | | | | | | | | | |
| Review Completed by: | | | Comn | nents: | | | | | | | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | | | | | | | | | | | |
| | | Mail to the App | ropriate | KCC Conserv | vation Office: | | | | | | | | | | | | | | | | |
| | 1/05 5: | | | | | | | | | | | | | | | | | | | | |

| Note: Sade State S | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 | |
|--|---|--------------------|--|
| No. | 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 | |
| See | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.625.0550 | |