Kansas Corporation Commission Oil & Gas Conservation Division 1159831

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-   |                   |                     |                |        |           |
|-------------------------------------|----------------------------------|------------------|------------|---|-------------------|---------------------|----------------|--------|-----------|
| Name:                               |                                  |                  |            |   |                   |                     |                |        |           |
| Address 1:                          |                                  |                  |            |   | Sec.              | Twp                 | S. R.          |        | EW        |
| Address 2:                          |                                  |                  |            |   |                   | feet fro            |                |        |           |
| City:   Zip:  +     Contact Person: |                                  |                  |            | GPS Location: Lat:, Long:   |                   |                     |                |        |           |
|                                     |                                  |                  |            | GPS Location: Lat:, Long:, (e.gxxx.xxxxx)<br>Datum: NAD27 NAD83 WGS84 |                   |                     |                |        |           |
| Phone:()                            |                                  |                  |            |   |                   | Elevation:          |                | G      | L 🗌 KB    |
| Contact Person Email:               |                                  |                  |            | -   |                   |                     |                |        |           |
| Field Contact Person:               |                                  |                  |            | Well Type: (  | rcheck one) 🗌 Oil | Gas OG              | wsw 🗌 o        | ther:  |           |
| Field Contact Person Phor           | ne: ( )                          |                  |            | SWD Permit #: ENHR Permit #:  |                   |                     |                |        |           |
|                                     | //                               |                  |            |   | orage Permit #:   |                     |                |        |           |
|                                     |                                  |                  |            | Spud Date:  |                   | Date SI             | 1ut-In:        |        |           |
|                                     | Conductor                        | Surface          | Pro        | oduction  | Intermediate      | e Lii               | ner            | Tubing | g         |
| Size                                |                                  |                  |            |   |                   |                     |                |        |           |
| Setting Depth                       |                                  |                  |            |   |                   |                     |                |        |           |
| Amount of Cement                    |                                  |                  |            |   |                   |                     |                |        |           |
| Top of Cement                       |                                  |                  |            |   |                   |                     |                |        |           |
| Bottom of Cement                    |                                  |                  |            |   |                   |                     |                |        |           |
| Casing Fluid Level from Su          | urface:                          | How D            | etermined? |   |                   |                     | Date           | ə:     |           |
| Casing Squeeze(s):                  |                                  |                  |            |   |                   |                     |                |        |           |
| Do you have a valid Oil & (         | Gas Lease? Yes                   | No               |            |   |                   |                     |                |        |           |
| Depth and Type: 🗌 Junk              | in Hole at                       | Tools in Hole at | Ca         | sing Leaks:   | Yes No De         | epth of casing leak | (s):           |        |           |
| Type Completion:                    |                                  |                  |            |   |                   |                     |                |        | of cement |
| Packer Type:                        |                                  |                  | ,          |   |                   | ,                   | )              |        |           |
|                                     | Plug Back Depth:                 |                  |            |   |                   |                     |                |        |           |
| Geological Date:                    |                                  |                  |            |   |                   |                     |                |        |           |
| Formation Name                      | Are Formation Top Formation Base |                  |            | Completion Information  |                   |                     |                |        |           |
| 1                                   | At:                              | to Fee           | et Perfo   | ration Interval   | to                | _ Feet or Open Ho   | ole Interval_  | to     | Feet      |
| 2                                   | At:                              | to Fee           | et Perfo   | ration Interval -   | to                | - Feet or Open Ho   | ole Interval – | to     | Feet      |
|                                     |                                  |                  |            |   |                   |                     | E DECT OF      |        | EDGE      |
|                                     |                                  |                  |            |   |                   |                     |                |        |           |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 [                       | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

|   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|---|---|--------------------|
|   | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
|   | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |