KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division 1160601

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:                       |                  |                    |           |          | Spot Descri       | ption:           |                |               |          |          |         |         |
| Address 1:                  |                  |                    |           |          |                   | Se               | ec T           | īwp           | _ S. R   |          | [] E    | W       |
| Address 2:                  |                  |                    |           |          |                   |                  |                |               | _        |          |         |         |
| City:                       | State:           | Zip:               | +         |          |                   | on: Lat:         |                | feet from     | E /      |          |         | Section |
| Contact Person:             |                  |                    |           |          |                   | NAD27 NA         |                | , Long<br>S84 |          | (e.gxxx  | .xxxxx) |         |
| Phone:()                    |                  |                    |           |          |                   |                  |                |               |          |          | GL      | KB      |
| Contact Person Email:       |                  |                    |           |          |                   | e:               |                |               |          |          |         |         |
| Field Contact Person:       |                  |                    |           |          |                   | check one) 🗌     |                |               |          |          |         |         |
| Field Contact Person Phor   | e:()             |                    |           |          |                   | ermit #:         |                |               | Permit # | #:       |         |         |
|                             | ()               |                    |           |          |                   | rage Permit #: _ |                |               |          |          |         |         |
|                             |                  |                    |           |          | Spud Date:        |                  |                | Date Shut-Ir  | ו:       |          |         |         |
|                             | Conductor        | Surfac             | ce        | Proc     | duction           | Intermedi        | ate            | Liner         |          |          | Tubing  |         |
| Size                        |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
| Setting Depth               |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
| Amount of Cement            |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
| Top of Cement               |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
| Bottom of Cement            |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
| Casing Fluid Level from Su  | irface.          |                    | How Deter | mined?   |                   |                  |                |               | Date     | <i>.</i> |         |         |
| Casing Squeeze(s):          |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
| Do you have a valid Oil & 0 | Gas Lease? 🗌 Yes | No                 |           |          |                   |                  |                |               |          |          |         |         |
| Depth and Type:             | in Hole at       | Tools in Hole      | e at      | _ Cas    | ing Leaks:        | Yes No           | Depth of casi  | ng leak(s): _ |          |          |         |         |
|                             |                  |                    |           |          |                   |                  |                |               |          |          |         | comont  |
| Type Completion: AL         |                  |                    |           |          |                   |                  |                | (depth)       | _ •• /   |          | Sack Of | cement  |
| Packer Type:                | Size:            |                    |           | _ Inch § | Set at:           |                  | Feet           |               |          |          |         |         |
| Total Depth:                | Plug B           | Plug Back Depth: P |           |          | Plug Back Method: |                  |                |               |          |          |         |         |
|                             |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
| Geological Date:            |                  |                    |           |          |                   |                  |                |               |          |          |         |         |
|                             | Formatic         | n Top Formatio     | n Base    |          |                   | Com              | pletion Inform | ation         |          |          |         |         |
| Geological Date:            |                  |                    |           | Perfor   | ation Interval _  | Com<br>to        |                |               | iterval_ |          | to      | Feet    |

## 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 🗌 D                       | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Now for ins on the at an And bary and was being        | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 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 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |