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. F                  | ₹                 | E W        |            |                           |           |         |     |          |  |       |        |  |  |
| Address 2:                                   |                        |                     |               | feet from N / S Line of Section feet from E / W Line of Section |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
|  |                        |                     |               |   |                  |                           |                   |            |            | GPS Location: Lat:, Long: |           |         |     |          |  |       |        |  |  |
|  |                        |                     |               | Lease Name:   |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
|  |                        |                     |               |   |                  |                           |                   |            |            | ,                         |           |         |     |          | ☐ Gas Storage Permit #:           Spud Date:         Date Shut-In: |       |        |  |  |
|  |                        |                     |               |   |                  |                           |                   |            |            |                           | Conductor | Surface | Pro | oduction | Intermediate   | Liner | Tubing |  |  |
|  |                        |                     |               | Size  | Conductor        | Curiado                   | 110               | , adottori | mormodiate | Elitor                    | 10011     | ,       |     |          |  |       |        |  |  |
|  |                        |                     |               | Setting Depth   |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
| Amount of Cement                             |                        |                     |               |   |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
| Top of Cement                                |                        |                     |               |   |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
| Bottom of Cement                             |                        |                     |               |   |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
| Depth and Type:                              | I ALT. II Depth Size:  | of: DV Tool:(depth) | w / _<br>Inch | sack<br>Set at:   | s of cement Port | Collar: w /et             |                   | of cement  |            |                           |           |         |     |          |  |       |        |  |  |
| Geological Date:                             |                        |                     |               |   |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
| Formation Name                               | Formation              | Top Formation Base  |               |   | Completic        | on Information            |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
| 1  | At:                    | to Fee              | t Perfo       | ration Interval   | to F             | Feet or Open Hole Interva | ıl to             | Feet       |            |                           |           |         |     |          |  |       |        |  |  |
| 2  | At:                    | to Fee              | t Perfo       | ration Interval   | to F             | Feet or Open Hole Interva | ıl to             | Feet       |            |                           |           |         |     |          |  |       |        |  |  |
| LINDED DENALTY OF BEE                        | I IIIDV I LIEDEDV ATTI |                     |               | ctronicall  |                  | CODDECT TO THE DEST (     | DE MV PAIOMII I   | EDOE       |            |                           |           |         |     |          |  |       |        |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:           | e Tested: Results:  |               |   | Date Plugged:    | Date Repaired: Date       | e Put Back in Ser | vice:      |            |                           |           |         |     |          |  |       |        |  |  |
| Review Completed by:                         |                        |                     | Comm          | nents:  |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
| TA Approved: Yes                             | Denied Date:           |                     |               |   |                  |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
|  |                        | Mail to the App     | ronriate l    | KCC Conser  | vation Office    |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |
|  |                        | man to the App      |               |   | Tation Onlog.    |                           |                   |            |            |                           |           |         |     |          |  |       |        |  |  |

| Notes took took too too too to an Anne party took took took  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| Name      | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |  |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |  |
| Some State S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |