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                        |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
| Address 2:   |  |                     |                     | 1                               |                              |                                   | = =             |            |  |                  |           |         |     |          |              |       |  |        |
| City:  |  |                     |                     | feet from E / W Line of Section |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
|  |  |                     |                     | GPS Location: Lat:              |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
|  |  |                     |                     |                                 |                              |                                   |                 |            |  |                  |           |         | _   |          |              |       |  |        |
|  |  |                     |                     |                                 |                              |                                   |                 |            |  |                  | Conductor | Surface | Pro | oduction | Intermediate | Liner |  | Tubing |
|  |  |                     |                     |                                 |                              |                                   |                 |            |  | Size             |           |         |     |          |              |       |  |        |
|  |  |                     |                     |                                 |                              |                                   |                 |            |  | Setting Depth    |           |         |     |          |              |       |  |        |
|  |  |                     |                     |                                 |                              |                                   |                 |            |  | Amount of Cement |           |         |     |          |              |       |  |        |
| Top of Cement  |  |                     |                     |                                 |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
| Bottom of Cement   |  |                     |                     |                                 |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & G  Depth and Type:  Junk  Type Completion:  ALT  Packer Type:    Total Depth: | Sas Lease? Yes in Hole at (depth)  T. I ALT. II Depth of Size: | No Tools in Hole at | Ca<br>w / _<br>Inch | sing Leaks:  sack:  Set at:     | Yes No Dept s of cement Port | h of casing leak(s): _<br>Collar: |                 |            |  |                  |           |         |     |          |              |       |  |        |
| Geological Date:   |  |                     |                     |                                 |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
| Formation Name   | Formation  | Top Formation Base  |                     |                                 | •                            | n Information                     |                 |            |  |                  |           |         |     |          |              |       |  |        |
| 1  | At:  |                     |                     |                                 | to F                         |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
| 2  | At:  | to Feet             | t Perfo             | ration Interval                 | to F                         | eet or Open Hole Ir               | nterval         | toFeet     |  |                  |           |         |     |          |              |       |  |        |
| HINDER RENALTY OF REA  | O IIIDV I LIEDEDV ATTE   | Submitt             |                     | ctronicall                      |                              | ABBEAT TA THE B                   | ECT OF MV I     | ZNOWI EDGE |  |                  |           |         |     |          |              |       |  |        |
| Do NOT Write in This<br>Space - KCC USE ONLY   |  |                     |                     | Date Plugged:                   | Date Repaired:               | Date Put Ba                       | ack in Service: |            |  |                  |           |         |     |          |              |       |  |        |
| Review Completed by:   |  |                     | Comn                | nents:                          |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
| TA Approved: Yes   | Denied Date:   |                     |                     |                                 |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
|  |  |                     |                     |                                 |                              |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |
|  |  | Mail to the App     | propriate           | KCC Conserv                     | ation Office:                |                                   |                 |            |  |                  |           |         |     |          |              |       |  |        |

| Notes been from the total gas foots and made that the total  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| These than the same has been seen the same than the same t | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Similar Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |