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  |  |            | [] E      | $\square$ W    |                                 |
| Address 2:  |  |                                  |            |  |  | -  | = =        |           |                |                                 |
| City:         State:         +           Contact Person:  |  |                                  |            | feet from E / W Line of Section  GPS Location: Lat:, Long: |  |  |            |           |                |                                 |
|   |  |                                  |            |  |  |  |            |           |                | Phone:( )                       |
| Contact Person Email:   |  |                                  |            | Lease Name:  |  |  |            |           |                |                                 |
|   |  |                                  |            |  |  |  |            |           |                | Field Contact Person Phone: ( ) |
|   |  |                                  |            | _  |  |  | n:         |           |                |                                 |
|   |  |                                  |            |  |  |  |            |           |                |                                 |
| Ci  | Conductor  | Surface                          | Pro        | duction  | Intermediate   | Liner  |            | Tubing    |                |                                 |
| Size  |  |                                  |            |  |  |  |            |           |                |                                 |
| Setting Depth  Amount of Cement   |  |                                  |            |  |  |  |            |           |                |                                 |
| Top of Cement   |  |                                  |            |  |  |  |            |           |                |                                 |
| Bottom of Cement  |  |                                  |            |  |  |  |            |           |                |                                 |
| Casing Fluid Level from Suricasing Squeeze(s):  (top)  Do you have a valid Oil & Ga Depth and Type:  Type Completion:  ALT.  Packer Type:  Total Depth:  Geological Date:  Formation Name  1.  2. | to w / w / w / w / w / yes yes n Hole at [depth) I | sacks of ce  No Tools in Hole at | Perfor     | sing Leaks: sacks  Set at: Set at: ration Interval         | W / W / W / W / W / Fee lod: to Fee lod: to Fee lod: to Fee lod: to Fee log. | of casing leak(s):  Collar:(depth)  t  Information  eet or Open Hole Induction | ent. Date: | sack of o | cementFeetFeet |                                 |
|   |  |                                  |            |  |  |  |            |           |                |                                 |
| Do NOT Write in This<br>Space - KCC USE ONLY  | Date Tested:                                       | Date Tested: Results:            |            | Date Plugged: Date Repaired: Date Put Back in Service:     |  |  |            |           | ;e:            |                                 |
| Review Completed by:  |  |                                  | Comm       | nents:   |  |  |            |           |                |                                 |
| TA Approved: Yes  | Denied Date:                                       |                                  |            |  |  |  |            |           |                |                                 |
|   |  |                                  |            |  |  |  |            |           |                |                                 |
|   |  | Mail to the App                  | ropriate l | KCC Conserv  | vation Office:   |  |            |           |                |                                 |

| Name have been now toke tok and from homes mad man for home  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| 1000 1000 1000 1000 1000 1000 1000 100   | 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 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |