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 Description: | | | | | | | | | | | | | | |
| Address 1: | | | | | · Sec | Twp S. | R | E W | | | | | | | | | | |
| Address 2: | | | | | | feet from [] | | | | | | | | | | | | |
| City: State: + | | | | GPS Location: Lat: | | | | | | | | | | | | | | |
| | | | | | | | | | Well Type: (check one) Oil Gas OG WSW Other: | | | | | | | | | |
| | | | | | | | | | Field Contact Person Phone: () | | | | | SWD Permit #: ENHR Permit #: | | | | |
| | | | | | | | | | , | | | | | Gas Storage Permit #: Spud Date: Date Shut-In: | | | | |
| | | | | | | | | Spud Date. | | Date Shut-in. | | | | | | | | |
| | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing | g | | | | | | | | | | |
| Size | | | | | | | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | |
| Do you have a valid Oil & C Depth and Type: | in Hole at(depth) T. I ALT. II Depth o | Tools in Hole at | w / _ | Set at: | s of cement Port | Collar: w depth) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Geological Date: | | | | | | | | | | | | | | | | | | |
| Formation Name | | Formation Top Formation Base | | Completion Information pration Interval to Feet or Open Hole Interval to Feet | | | | | | | | | | | | | | |
| 1 | | to Feet | | | | | | | | | | | | | | | | |
| 2 | At: | to Feet | Perfo | ration Interval - | to F | eet or Open Hole Interv | /al to | Feet | | | | | | | | | | |
| UNDER REMAITY OF RE | D IIIDV I LIEDEDV ATTE | | | ctronicall | | ABBEATTA THE BEST | OE MA INIOMI I | EDGE | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | R | esults: | Date Plugged: Date Repaired: Date Put Back in Service: | | | | | | | | | | | | | | |
| Review Completed by: | | | Comn | nents: | | | | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | | | | | | | | |
| | | Mail carlos A | | V00 0 | ration Office | | | | | | | | | | | | | |
| | | Mail to the App | ropriate | 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 | |