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 Descr      | iption:        |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Address 1:  |              |                      |  |                 | Sec            |                      |          |            | $E \   \square  W$ |   |  |  |  |  |  |  |  |  |  |  |
| Address 2:  |              |                      |  | 1               |                |                      | = =      | =          |                    |   |  |  |  |  |  |  |  |  |  |  |
| City:   |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
|   |              |                      |  |                 |                |                      |          |            |                    | 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: |  |  |  |  |  |
|   |              |                      |  |                 | T              | T                    | I        | Opud Date. |                    | Bate Chat ii                                      |  |  |  |  |  |  |  |  |  |  |
|   | Conductor    | Surface              | Pro  | oduction        | Intermediate   | Liner                |          | Tubing     | 3                  |   |  |  |  |  |  |  |  |  |  |  |
| Size  |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Setting Depth   |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Amount of Cement  |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Top of Cement   |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Bottom of Cement  |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Casing Fluid Level from Su  Casing Squeeze(s):  (top  Do you have a valid Oil & O | to w /       | sacks of ce          |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Depth and Type:   | in Hole at   | Tools in Hole at     | Ca   | sing Leaks:     | Yes No Depth   | of casing leak(s): _ |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Type Completion: ALT  |              |                      |  |                 |                |                      |          |            | of cement          |   |  |  |  |  |  |  |  |  |  |  |
|   |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
|   |              | Size: Inch           |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Total Depth:  | Plug Ba      | ck Depth:            |  | Plug Back Meth  | od:            |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Geological Date:  |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Formation Name  | Formation    | Top Formation Base   |  |                 | Completion     | Information          |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| 1   | At:          | to Fee               | t Perfo  | ration Interval | toFe           | et or Open Hole In   | nterval  | to         | Feet               |   |  |  |  |  |  |  |  |  |  |  |
| 2   | At:          | to Fee               | t Perfo  | ration Interval | to Fe          | et or Open Hole In   | nterval  | to         | Feet               |   |  |  |  |  |  |  |  |  |  |  |
| UNDER REMALTY OF RE   | D            | SET THAT THE INCODMA | 4 <b>-</b> 1011 00                                     |                 |                |                      | -o- o- w |            |                    |   |  |  |  |  |  |  |  |  |  |  |
|   |              |                      |  | ctronicall      |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                                      |              |                      | Date Plugged: Date Repaired: Date Put Back in Service: |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| Review Completed by:  |              |                      | Comn   | nents:          |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
| TA Approved: Yes  | Denied Date: |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
|   |              |                      |  |                 |                |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |
|   |              | Mail to the App      | oropriate  | KCC Conserv     | vation Office: |                      |          |            |                    |   |  |  |  |  |  |  |  |  |  |  |

| There had been too the too and held took took took took took took took too   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| There has been and be to the same the s | 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 |
| Name Name   Name | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |