June 2011 Form must be Typed Form must be signed

All blanks must be complete

Phone 316.630.4000

Phone 620.432.2300

Phone 785.625.0550

## TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License#						API No. 15 Spot Description:					
Address 2:											
City:         +											
											Phone:()
Contact Person Email:					Lease Name: Well #:						
						(check one) 🗌 Oil 🗌					
Field Contact Person Phone: ( )					SWD Permit #: ENHR Permit #:						
,					Gas Storage Permit #:  Spud Date: Date Shut-In:						
	Conduct	tor	Surface	Pro	duction	Intermediate	Liner		Tubing		
Size											
Setting Depth											
Amount of Cement											
Top of Cement											
Bottom of Cement											
Depth and Type:	I ALT. II	Depth of:	DV Tool:(depth)	w/_	sacks	s of cement Port	Collar:(depth)			f cement	
Fotal Depth:	Depth: Plug Back Depth:				_ Plug Back Method:						
Geological Date:											
Formation Name	p Formation Base	Completion Information									
1	At:		_ to Feet	Perfo	ration Interval .	to F	Feet or Open Hole I	nterval	to	Feet	
2	At:		_ to Feet	Perfo	ration Interval -	to F	eet or Open Hole I	nterval	to	Feet	
INDED DENALTY OF BED	IIIBV I UEBE	DV ATTEC			ctronicall		ADDECT TO THE E	EST OF MAN	' KNOWI E	DOE	
Do NOT Write in This Space - KCC USE ONLY	Date -	Tested:	Results:			Date Plugged:	Date Repaired:	Date Put E	Back in Servi	ice:	
Review Completed by:				Comm	nents:						
TA Approved: Yes	Denied	Date:									
			Mail to the App	ropriate l	KCC Conserv	vation Office:					
	L L	(CC District	Office #1 - 210 F From	ntview Sui	te A Dodge Ci	tv. KS 67801		Pho	ne 620 225	5 8888	

KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651