KANSAS CORPORATION COMMISSION 1169376

Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

|   |                                 |   |  | API No. 15-                                    |                  |   |          |      |      |                             |              |            |      |        |                 |
|---|---------------------------------|---|--|--|------------------|---|----------|------|------|-----------------------------|--------------|------------|------|--------|-----------------|
| Name:   |                                 |   |  | Spot Descri                                    | iption:          |   |          |      |      |                             |              |            |      |        |                 |
| Address 1:  |                                 |   |  |  | Sec              | Twp   | S. R     | E    | : W  |                             |              |            |      |        |                 |
| Address 2:  |                                 |   |  |  |                  | feet from   | = =      | =    |      |                             |              |            |      |        |                 |
| City:       State: Zip: +         Contact Person:       Phone:( )         Contact Person Email:       Contact Person Email: |                                 |   |  | GPS Location: Lat:                             |                  |   |          |      |      |                             |              |            |      |        |                 |
|   |                                 |   |  |  |                  |   |          |      |      | Field Contact Person:       |              |            |      |        |                 |
|   |                                 |   |  |  |                  |   |          |      |      | Field Contact Person Phone: |              |            |      |        |                 |
|   |                                 |   |  |  |                  |   |          |      |      |                             | (            |            |      |        | orage Permit #: |
|   |                                 |   |  |  |                  |   |          |      |      | Spud Date:                  |              | Date Shut- | ·in: |        |                 |
|   | Conductor                       | Surface   | Pro  |  |                  |   |          |      |      | duction                     | Intermediate | Liner      |      | Tubing |                 |
| Size  |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Setting Depth   |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Amount of Cement  |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Top of Cement   |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Bottom of Cement  |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Do you have a valid Oil & Gas  Depth and Type:  | Hole at [  ALT. II Depth  Size: | Tools in Hole at                                  | w / _<br>Inch                                    | sacks  | s of cement Por  | t Collar:(depth)                                    |          |      |      |                             |              |            |      |        |                 |
|   |                                 | ick Deptn:  |  | Flug back ivietti                              | od:              |   |          |      |      |                             |              |            |      |        |                 |
| Geological Date:  |                                 | іск Deptn:  |  | Flug Back Meth                                 | od:              |   |          |      |      |                             |              |            |      |        |                 |
| Geological Date: Formation Name   |                                 | n Top Formation Base                              |  | Flug back Metri                                |                  | ion Information                                     |          |      |      |                             |              |            |      |        |                 |
| Formation Name  | Formation                       |   |  |  | Completi         |   | Interval | to   | Feet |                             |              |            |      |        |                 |
| -   | Formation                       | Top Formation Base                                | Perfo  | ration Interval <sub>-</sub>                   | Completi<br>to   | on Information                                      |          |      |      |                             |              |            |      |        |                 |
| Formation Name  1   | Formation At:                   | Top Formation Base to fo Feet to Feet             | Perfo  | ration Interval <sub>-</sub> ration Interval - | Completi         | ion Information Feet or Open Hole Feet or Open Hole |          |      |      |                             |              |            |      |        |                 |
| Formation Name  1   | Formation At:                   | Top Formation Base to to Feet to Feet Submitte    | Perfo  | ration Interval _<br>ration Interval _         | Completi         | ion Information Feet or Open Hole Feet or Open Hole | Interval |      | Feet |                             |              |            |      |        |                 |
| Do NOT Write in This  | Formation At: At: Date Tested:  | Top Formation Base to to Feet to Feet Submitte    | Perfo<br>Perfo<br>CTION COL<br>ed Ele<br>esults: | ration Interval                                | Completi toto to | Feet or Open Hole Feet or Open Hole                 | Interval | toto | Feet |                             |              |            |      |        |                 |
| Do NOT Write in This Space - KCC USE ONLY   | Formation At: At: Date Tested:  | Top Formation Base to to Feet to Feet Submitte Re | Perfo<br>Perfo<br>CTION COL<br>ed Ele<br>esults: | ration Interval                                | Completi toto to | Feet or Open Hole Feet or Open Hole                 | Interval | toto | Feet |                             |              |            |      |        |                 |

| Sum   Sum | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|---|---|--------------------|
|   | 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 |
|   | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |