KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1169795

Form CP-111
June 2011
**Form must be Typed**
**Form must be signed**
*All blanks must be complete*

# TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _ _ _ _

Contact Person: _____

Phone: ( _____ ) _____

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: ( _____ ) _____

API No. 15- _____

Spot Description: _____

___ - ___ - ___ - ___ Sec. _____ Twp. _____ S. R. _____ ☐ E ☐ W

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

GPS Location: Lat: _____ *(e.g. xx.xxxxx)* , Long: _____ *(e.g. -xxx.xxxxx)*

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____ Elevation: _____ ☐ GL ☐ KB

Lease Name: _____ Well #: _____

Well Type: *(check one)* ☐ Oil ☐ Gas ☐ OG ☐ WSW ☐ Other: _____

☐ SWD Permit #: _____   ☐ ENHR Permit #: _____

☐ Gas Storage Permit #: _____

Spud Date: _____ Date Shut-In: _____

|  | Conductor | Surface | Production | Intermediate | Liner | Tubing |
|---|---|---|---|---|---|---|
| Size |  |  |  |  |  |  |
| Setting Depth |  |  |  |  |  |  |
| Amount of Cement |  |  |  |  |  |  |
| Top of Cement |  |  |  |  |  |  |
| Bottom of Cement |  |  |  |  |  |  |

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
*(top)*   *(bottom)*   *(top)*   *(bottom)*

Do you have a valid Oil & Gas Lease? ☐ Yes ☐ No

Depth and Type: ☐ Junk in Hole at _____ *(depth)* ☐ Tools in Hole at _____ *(depth)* Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____

Type Completion: ☐ ALT. I ☐ ALT. II Depth of: ☐ DV Tool: _____ *(depth)* w / _____ sacks of cement ☐ Port Collar: _____ *(depth)* w / _____ sack of cement

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

*Geological Date:*

**Formation Name**           Formation Top   Formation Base                    Completion Information

1. _____ At: _____ to _____ Feet   Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

2. _____ At: _____ to _____ Feet   Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

## Submitted Electronically

| *Do NOT Write in This Space - KCC USE ONLY* | Date Tested: _____ | Results: _____ | Date Plugged: _____ | Date Repaired: _____ | Date Put Back in Service: _____ |
|---|---|---|---|---|---|

Review Completed by: _____   Comments: _____

TA Approved: ☐ Yes ☐ Denied   Date: _____

**Mail to the Appropriate KCC Conservation Office:**



| 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 |