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

## **TEMPORARY ABANDONMENT WELL APPLICATION**

All blanks must be complete

Address 1:	OPERATOR: License#				API No. 15					
State:   Zip:   +					Spot Description:					
State   Zip	Address 1:					· Sec	Twp	S. R		
Contact Person:	Address 2:									
Datur:   AAD27   AAD32   WGS84   WGS84					GPS Location: Lat:, Long:, Long:					
County										
Well Type:   Check one)   Ot   Gas   OG   WSW   Other:										
SWD Permit #:					Well Type: (check one)  Oil  Gas  OG  WSW  Other:					
Gas Storage Permit #:										
Spud Date:										
Size										
Size		O dust-	Overfa	Des						
Setting Depth	Cino	Conductor	Surrace	Pro	auction	Intermediate	Liner		Tubing	
Amount of Cement   Bottom of C										
Top of Cement    Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cement   Bottom of Cemen										
Casing Fluid Level from Surface:										
Casing Fluid Level from Surface:										
Formation Name  Formation Top Formation Base  Completion Information  At:	Do you have a valid Oil & Ga  Depth and Type:	as Lease? Yes not Hole at (depth)  I ALT. II Depth of Size:	No Tools in Hole at	Ca w / _ Inch	sing Leaks:  sack: Set at:	Yes No Dept s of cement Port	th of casing leak(s):  Collar:			
At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet  At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet  Submitted Electronically  Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY  Review Completed by:		Formation	Top Formation Base			Completic	on Information			
At:			•	Perfo	ration Interval	·		Interval	to Feet	
Submitted Electronically  Do NOT Write in This	2						•			
Space - KCC USE ONLY  Review Completed by: Comments:  TA Approved:  Yes Denied Date:	HAIDER REMAITY OF RER	HIDV I LIEDEDV ATTE					ODDECT TO THE E	PEST OF MAY	VNOW! EDGE	
TA Approved: Yes Denied Date:		Date Tested:	R	Results:		Date Plugged:	Date Repaired:	Date Put Ba	ack in Service:	
фротов: — 150 — 5550	Review Completed by:			Comm	nents:					
Mail to the Appropriate KCC Conservation Office:	TA Approved: Yes	Denied Date:								
			Moil to the Arre	ronriete	VCC Canas	votion Office:				

There had her me to the per had been mad made the per-	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
Sime there there there is no the third that the there is no the third the third there is no the third the th	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

