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

OPERATOR: License#				API No. 15-						
Name:				Spot Descri	ption:					
Address 1:			Sec Twp S. R EW							
Address 2:						feet from N				
City:	+		GPS Location: Lat:, Long:, Long:							
Contact Person:		Of 6 Location								
Phone:( )		Datuiii.	Datum: NAD27 NAD83 WGS84  County: Elevation: GL KB  Lease Name: Well #:							
Contact Person Email:		I a a a a Nia a a								
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Well Type: (check one)  Oil  Gas  OG  WSW  Other:					
Field Contact Person:  Field Contact Person Phone: ( )				SWD Pe	☐ SWD Permit #:         ENHR Permit #:           ☐ Gas Storage Permit #:					
				Gas Sto						
				Spud Date:		Date Shut-In:				
	Conductor	Surfac	e	Production	Intermedi	iate Liner	Tubing			
Size										
Setting Depth										
Amount of Cement										
Top of Cement										
Bottom of Cement										
Casing Fluid Level from Su	rface:		_ How Deter	mined?			)ate:			
Casing Squeeze(s):	to w	/s	acks of ceme	ent, to	(bottom) W /	sacks of cement. D	Oate:			
Do you have a valid Oil & G	Sas Lease? Yes	No								
Depth and Type:	in Hole at	Tools in Hole	at	Casing Leaks:	Yes No	Depth of casing leak(s):				
						Port Collar: w /		ement		
Packer Type: Size: Inc										
Total Depth:	Plug Ba	Plug Back Depth:			Plug Back Method:					
Geological Date:										
Formation Name	mation Name Formation Top Formation Base				Completion Information					
1	At:	to	Feet	Perforation Interval _	to	Feet or Open Hole Interva	l to	_Feet		
2	At:	to	Feet	Perforation Interval	to	Feet or Open Hole Interva	l to	_Feet		
UNDER BENALTY OF BEI	O IIIDV I UEDEDV ATT	COT TU AT TUE	INICODMATI	ON CONTAINED HED	EIN IS TOLIE A	ND CODDECTTO THE DEST	DE MV IZNOMII EDG	`=		

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 C	Denied Date:				

## Mail to the Appropriate KCC Conservation Office:

