Form CP-111

June 2011

Form must be Typed

Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____ API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W Address 1: _____ feet from N / S Line of Section Address 2: _____ feet from E / W Line of Section ______ State: _____ Zip: _____ + __ _ _ _ _ (e.g. xx.xxxxx) Contact Person: ___ Datum: NAD27 NAD83 WGS84 Phone:(_____) __ _____ Elevation: ____ ____ GL KB Lease Name: ___ Contact Person Email: ___ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: ___ Field Contact Person Phone: (_____) ____ Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: _ Tubing Conductor Surface Production Intermediate Liner Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement** Casing Fluid Level from Surface:_____ ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Do you have a valid Oil & Gas Lease? Yes No Depth and Type:

Junk in Hole at _____ Tools in Hole at ____ Casing Leaks: Yes No Depth of casing leak(s): _____ Type Completion: ALT. I Depth of: DV Tool: _____w / ____ sacks of cement Port Collar: ____w / ____ sack of cement __ Size: __ Packer Type: ___ _ Inch Set at: ___ ___ Plug Back Method: ___ Total Depth: Plug Back Depth: ___ Geological Date: **Formation Name** Formation Top Formation Base Completion Information ___ At: _____ to _____ Feet Perforation Interval ____ ____to_____ Feet or Open Hole Interval _____ to _____ Feet _____ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____ HINDER DENALTY OF RED HIDV I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE REST OF MY KNOW! EDGE Submitted Electronically Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY

Mail to the Appropriate KCC Conservation Office:

Review Completed by: ___

TA Approved: Yes Denied

Date: ___

