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

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| DPERATOR: License#   |                                       |                  |          | API No. 15  Spot Description:   |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
|--|---------------------------------------|------------------|----------|---------------------------------|-------------------------------------|------------------------|-----------------|-------------|-----------------------|--|--|--|---|-----|-------|------|---|
|  |                                       |                  |          |                                 |                                     |                        |                 |             | Address 1:            |  |  |  |   | Sec | Twp S | 3. R | _ |
| ddress 2:  |                                       |                  |          | feet from N / S Line of Section |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| City:            State:            Contact Person:                 |                                       |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
|  |                                       |                  |          |                                 |                                     |                        |                 |             | Contact Person Email: |  |  |  |   |     | W     |      |   |
|  |                                       |                  |          |                                 |                                     |                        |                 |             | ield Contact Person:  |  |  |  | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |     |       |      |   |
| rield Contact Person Phone: ( )                                    |                                       |                  |          | SWD Permit #: ENHR Permit #:    |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| ,  |                                       |                  |          |                                 | Gas Storage Permit #: Date Shut-In: |                        |                 |             |                       |  |  |  |   |     |       |      |   |
|  |                                       |                  |          | Spud Date                       |                                     | Date Shut-in.          |                 |             |                       |  |  |  |   |     |       |      |   |
|  | Conductor                             | Surface          | Pro      | duction                         | Intermediate                        | Liner                  | -               | Tubing      |                       |  |  |  |   |     |       |      |   |
| Size   |                                       |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| Setting Depth  |                                       |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| Amount of Cement   |                                       |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| Top of Cement  |                                       |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| Bottom of Cement   |                                       |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| oo you have a valid Oil & Good on the Completion: ALT cacker Type: | in Hole at(depth) [:I ALT. II Depth o | Tools in Hole at | w / _    | sack                            | s of cement Port                    | Collar: w<br>et        |                 |             |                       |  |  |  |   |     |       |      |   |
| Geological Date:   |                                       |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| ormation Name  | Top Formation Base                    | Formation Base   |          | Completion Information          |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| ·  | At:                                   | toFeet           | Perfo    | ration Interval                 | to F                                | eet or Open Hole Inter | rvalt           | oFeet       |                       |  |  |  |   |     |       |      |   |
|  | At:                                   | to Feet          | Perfo    | ration Interval                 | to F                                | eet or Open Hole Inter | rvalt           | :oFeet      |                       |  |  |  |   |     |       |      |   |
| INDED DENALTY OF DEE   | ) IIIDV I LIEDEDV ATTE                | Submitt          |          | ctronical                       |                                     | ADDECTIATUE DEC        | T OF MV I/M     | OWI EDGE    |                       |  |  |  |   |     |       |      |   |
| Do NOT Write in This<br>Space - KCC USE ONLY                       | Date Tested:                          | sted: Results:   |          |                                 | Date Plugged:                       | Date Repaired: C       | Date Put Back i | in Service: |                       |  |  |  |   |     |       |      |   |
| Review Completed by:   |                                       |                  | Comn     | nents:                          |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
| TA Approved: Yes   | Denied Date:                          |                  |          |                                 |                                     |                        |                 |             |                       |  |  |  |   |     |       |      |   |
|  |                                       | Mail to the App  | ropriate | KCC Conser                      | vation 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







