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

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| PPERATOR: License# | | | | API No. 15Spot Description: | | | | | | | | | | | | | | | | |
|--|-----------------------|---------------------|----------|-----------------------------|------------------|---------------------|----------------|----------|--------|---------------------------------|-----------|---------|-----|---|------------------------------|-------|------|--------|-------------|--|
| | | | | | | | | | | Address 1: | | | | | · Sec | Twp | S. R | E | \square W | |
| Address 2: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | rield Contact Person: | | | | Well Type: (check one) Oil Gas OG WSW Other: | | | | | | |
| | | | | | | | | | | Field Contact Person Phone: () | | | | | SWD Permit #: ENHR Permit #: | | | | | |
| | | | | | | | | | | ` , | | | | | Gas Storage Permit #: | | | | | |
| | | | | | | | | | | | Conductor | Surface | Dro | oduction | Intermediate | Liner | | Tubing | | |
| Size | Conductor | Surface | FIC | duction | Intermediate | Lillei | | Tubing | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | | | |
| Depth and Type: | T. I ALT. II Depth of | of: DV Tool:(depth) | w/_ | sacks | s of cement Port | Collar: | | | cement | | | | | | | | | | | |
| otal Depth: | Plug Ba | Plug Back Depth: | | Plug Back Method: | | | | | | | | | | | | | | | | |
| Geological Date: | | | | | | | | | | | | | | | | | | | | |
| Formation Name Formation Top Formation Base | | | | Completion Information | | | | | | | | | | | | | | | | |
| | At: | to Feet | Perfo | ration Interval | to F | eet or Open Hole In | terval | to | _Feet | | | | | | | | | | | |
| | At: | to Feet | Perfo | ration Interval | to F | eet or Open Hole In | terval | to | _Feet | | | | | | | | | | | |
| INDED BENALTY OF BEI | D IIIDV I UEDEDV ATTE | Submitt | | ctronicall | | ODDECT TO THE DE | ECT OF MV | VNOW! ED | CE. | | | | | | | | | | | |
| | | | | | , | | | | | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | | | | Date Plugged: | Date Repaired: | Date Put Ba | ack in Service | e: | | | | | | | | | | | | |
| Review Completed by: | | | Comn | nents: | | | | | _ | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | | | | | | | | | | |
| | | Mail to the App | ropriate | KCC Conserv | ation 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 | |