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-   |  |                         |             |        |        |  |
|---|----------------------|---------------------|----------|---|--|-------------------------|-------------|--------|--------|--|
| Name:                                     |                      |                     |          | Spot Description:   |  |                         |             |        |        |  |
| Address 1:                                |                      |                     |          |   | Sec  | Twp                     | _ S. R      | [ E    | W      |  |
| Address 2:                                |                      |                     |          |   |  | feet from               | = =         |        |        |  |
| City:                                     |                      |                     |          | feet from LE / LW Line of Section  GPS Location: Lat: Long: |  |                         |             |        |        |  |
| Contact Person:                           |                      |                     |          | GPS Location: Lat:, Long:                                   |  |                         |             |        |        |  |
| Phone:()                                  |                      |                     |          |   |  | _ Elevation:            |             | GL     | KB     |  |
| Contact Person Email:                     |                      |                     |          | Lease Name: Well #:   |  |                         |             |        |        |  |
| Field Contact Person:                     |                      |                     |          |   | Well Type: (check one)  Oil  Gas  OG  WSW  Other:      |                         |             |        |        |  |
| Field Contact Person Phone: ( )           |                      |                     |          |   | SWD Permit #: ENHR Permit #:                           |                         |             |        |        |  |
| · ,                                       |                      |                     |          |   | ☐ Gas Storage Permit #:                                |                         |             |        |        |  |
|   |                      |                     |          | Opud Date.  |  | Date ondi-              |             |        |        |  |
|   | Conductor            | Surface             | Pro      | oduction  | Intermediate   | Liner                   |             | Tubing |        |  |
| Size                                      |                      |                     |          |   |  |                         |             |        |        |  |
| Setting Depth                             |                      |                     |          |   |  |                         |             |        |        |  |
| Amount of Cement                          |                      |                     |          |   |  |                         |             |        |        |  |
| Top of Cement                             |                      |                     |          |   |  |                         |             |        |        |  |
| Bottom of Cement                          |                      |                     |          |   |  |                         |             |        |        |  |
| Depth and Type:                           | .I ALT. II Depth o   | f: DV Tool:(depth)  | w / _    | Set at:   | s of cement Por  | t Collar:(depth)<br>eet |             |        | cement |  |
| Geological Date:                          |                      |                     |          |   |  |                         |             |        |        |  |
| Formation Name                            | Commetice.           | Top Formation Base  |          |   | Campulati  | on Information          |             |        |        |  |
|   |                      | •                   |          |   | completion<br>ration Interval to F                     |                         | Inton (a)   | to     | Foot   |  |
| 1   |                      | to Feet             |          |   |  |                         |             |        |        |  |
| <u> </u>                                  | At:                  | to reet             | Perio    | ration interval.  | 10   | Feet or Open Hole I     | ntervai     | _ 10   | Feet   |  |
| INDED DENALTY OF DEE                      | IIIDV I LIEDEDV ATTE | OT THAT THE INCODMA | TION CO  | NTAINED HED   | DEIN ISTRIIE AND                                       | CODDECT TO THE D        | ECT OF MV V | NOW! E | DOE.   |  |
|   |                      | Submitte            | ed Ele   | ctronicall  | у  |                         |             |        |        |  |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested:         | Re                  | esults:  |   | Date Plugged: Date Repaired: Date Put Back in Service: |                         |             |        |        |  |
| Review Completed by:                      |                      |                     | Comn     | nents:  |  |                         |             |        |        |  |
| TA Approved: Yes                          | Denied Date:         |                     |          |   |  |                         |             |        |        |  |
|   |                      | Mail to the App     | ropriate | KCC Conserv   | vation Office:   |                         |             |        |        |  |
|   |                      |                     | •        |   |  |                         |             |        |        |  |

| There had been not the lot for the man word many that the  | 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 |  |
| Similar Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |