Kansas Corporation Commission 1195228

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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                           |                        |                              |          | API No. 15   |  |                   |              |          |          |  |  |
|--|------------------------|------------------------------|----------|--|--|-------------------|--------------|----------|----------|--|--|
| Name:  |                        |                              |          | Spot Description:                                  |  |                   |              |          |          |  |  |
| Address 1:                                   |                        |                              |          |  | Sec.   | Twp               | S. R         |          | E W      |  |  |
| Address 2:                                   |                        |                              |          |  |  | feet from         |              |          |          |  |  |
| City: +                                      |                        |                              |          | GPS Location: Lat: feet from E / W Line of Section |  |                   |              |          |          |  |  |
| Contact Person:                              |                        |                              |          | GPS Location: Lat:                                 |  |                   |              |          |          |  |  |
| Phone:( )                                    |                        |                              |          | County: 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 #:                           |                   |              |          |          |  |  |
|  | ,                      |                              |          |  | orage Permit #:  | Date Shu          | t-In:        |          |          |  |  |
|  | Conductor              | Surface                      | Dr       | oduction   | Intermediate   | Line              | <u> </u>     | Tubing   |          |  |  |
| Size   | Conductor              | Surface                      | FI       | oddellon   | memediate  | Lille             | ·            | Tubing   |          |  |  |
| Setting Depth                                |                        |                              |          |  |  |                   |              |          |          |  |  |
| Amount of Cement                             |                        |                              |          |  |  |                   |              |          |          |  |  |
| Top of Cement                                |                        |                              |          |  |  |                   |              |          |          |  |  |
| Bottom of Cement                             |                        |                              |          |  |  |                   |              |          |          |  |  |
| Depth and Type:                              | T. I ALT. II Depth o   | f: DV Tool:(depth)           | w / _    | Set at:  | s of cement Po   | rt Collar:(depth) | w/           | _ sack o | f cement |  |  |
| Geological Date:                             |                        |                              |          |  |  |                   |              |          |          |  |  |
| Formation Name                               |                        | Formation Top Formation Base |          |  | Completion Information                                 |                   |              |          |          |  |  |
| 1  | At:                    | toFeet                       | Perfo    | oration Interval                                   |  |                   |              | _ to     | Feet     |  |  |
| 2  | At:                    | to Feet                      | Perfo    | ration Interval                                    | to   | Feet or Open Hole | Interval     | to       | Feet     |  |  |
| UNDER REMAITY OF RE                          | D IIIDV I LIEDEDV ATTE |                              |          | ectronicall  |  | CODDECTION        | DECT OF MV I | /NOM/I E | DOE      |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:           | Date Tested: Results:        |          |  | Date Plugged: Date Repaired: Date Put Back in Service: |                   |              |          |          |  |  |
| Review Completed by:                         |                        |                              | Comr     | nents:   |  |                   |              |          |          |  |  |
| TA Approved: Yes                             | Denied Date:           |                              |          |  |  |                   |              |          |          |  |  |
|  |                        | Mail to the App              | ropriate | KCC Conserv  | /ation Office:   |                   |              |          |          |  |  |
|  |                        |                              |          |  |  |                   |              |          |          |  |  |

| NAME AND DOOR DAY DOOR DAY DOOR DAYS DAYS WARE WARE THE PARTY DAYS   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| 1000   1000   1000   1   | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |  |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |  |
| dies trees trees that the large trees tree | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |