KANSAS CORPORATION COMMISSION 1228449

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-          | API No. 15  |                     |               |       |           |  |
|------------------------------------|------------------------------------|------------------------------|--------------|----------------------|---|---------------------|---------------|-------|-----------|--|
| Name:                              |                                    |                              |              | Spot Descr           | Spot Description:   |                     |               |       |           |  |
| Address 1:                         |                                    |                              |              |                      |   | ec Twp              |               |       | E W       |  |
| Address 2:                         |                                    |                              |              | _                    |   | feet f              |               |       |           |  |
| City:                              | State:                             | Zip:                         | +            |                      | feet from E / W Line of Section   |                     |               |       |           |  |
| Contact Person:                    |                                    |                              |              | GPS Local            | GPS Location: Lat: , Long:    Datum:  NAD27  NAD83  WGS84    County:   Elevation: |                     |               |       |           |  |
|                                    |                                    |                              |              |                      |   |                     |               |       |           |  |
| Contact Person Email:              |                                    |                              |              |                      |   |                     |               |       |           |  |
| Field Contact Person:              |                                    |                              |              | Well Type: (         | (check one) 🗌   | Oil 🗌 Gas 🗌 OG 🗌    | wsw 🛛 o       | ther: |           |  |
| Field Contact Person Phon          |                                    |                              |              | SWD Pe               |   |                     | ENHR Permit   | #:    |           |  |
|                                    |                                    |                              |              |                      |   |                     | -             |       |           |  |
|                                    |                                    |                              |              | Spud Date:           |   | Date :              | Shut-In:      |       |           |  |
|                                    | Conductor                          | Surfac                       | e            | Production           | Intermedia  | ate I               | Liner         | Tubir | ng        |  |
| Size                               |                                    |                              |              |                      |   |                     |               |       |           |  |
| Setting Depth                      |                                    |                              |              |                      |   |                     |               |       |           |  |
| Amount of Cement                   |                                    |                              |              |                      |   |                     |               |       |           |  |
| Top of Cement                      |                                    |                              |              |                      |   |                     |               |       |           |  |
| Bottom of Cement                   |                                    |                              |              |                      |   |                     |               |       |           |  |
| Casing Fluid Level from Su         | rface:                             |                              | How Determir | ned?                 |   |                     | Date          | e:    |           |  |
| Casing Squeeze(s):                 |                                    |                              |              |                      |   |                     |               |       |           |  |
| Do you have a valid Oil & O        |                                    |                              |              |                      |   |                     |               |       |           |  |
| Depth and Type: Dunk               | in Hole at                         | Tools in Hole                | e at         | Casing Leaks:        | Yes No  | Depth of casing lea | k(s):         |       |           |  |
| Type Completion:                   | . I ALT. II Depth                  | of: DV Tool:                 | (dopti)      | w / sacks            | s of cement   | Port Collar:        | w/            | sack  | of cement |  |
| Packer Type:                       |                                    |                              |              |                      |   |                     | (1)           |       |           |  |
| Total Depth:                       | Plug Back Depth: Plug Back Method: |                              |              |                      | od:   |                     |               |       |           |  |
|                                    |                                    |                              |              |                      |   |                     |               |       |           |  |
| Geological Date:                   |                                    | Formation Top Formation Base |              |                      | Completion Information  |                     |               |       |           |  |
| Geological Date:<br>Formation Name | Formation                          | n Top Formatio               | n Base       |                      | Com   |                     |               |       |           |  |
| C C                                |                                    |                              |              | Perforation Interval |   | Feet or Open I      | Hole Interval | to    | Feet      |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: Yes D                           | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation 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 |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-630-4000 Fax: 316-630-4005 http://kcc.ks.gov/

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

October 30, 2014

Dallas Flowers Crown Energy Company 1117 N.W. 24TH ST. OKLAHOMA CITY, OK 73106

Re: Temporary Abandonment API 15-015-19162-00-00 FRANK ROBISON 22 SE/4 Sec.03-25S-05E Butler County, Kansas

**Dear Dallas Flowers:** 

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 10/30/2015.

\* If you return this well to service or plug it, please notify the District Office.

\* If you sell this well you are required to file a Transfer of Operator form, T-1.

\* If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 10/30/2015.

You may contact me at the number above if you have questions.

Very truly yours,

Duane Krueger"