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      | [ [          | Ē W      |  |  |           |         |     |         |              |           |       |        |  |
| Address 2:  | feet from N / S Line of Section |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| City:   |                                 | GPS Location: Lat:, Long:, Long: |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Contact Person:   |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Phone:( )   | County: Elevation: GL KB        |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Contact Person Email:  Field Contact Person:  Field Contact Person Phone: ( ) |                                 |                                  |          |                   | Lease Name:       Well #:         Well Type: (check one)       Oil Gas OG WSW Other:         SWD Permit #:       ENHR Permit #:         Gas Storage Permit #:       ENHR Permit #: |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
|   |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     | _       | •            | Date Shut | t-In: |        |  |
|   |                                 |                                  |          |                   |  |                   |           |              |          |  |  | Conductor | Surface | Pro | duction | Intermediate | Line      | r     | Tubing |  |
| Size  |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Setting Depth   |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Amount of Cement  |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Top of Cement   |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Bottom of Cement  |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Do you have a valid Oil & G  Depth and Type:                                  | in Hole at(depth)  I            | Tools in Hole at                 | w / _    | sacks             | s of cement Po   | rt Collar:(depth) |           |              | f cement |  |  |           |         |     |         |              |           |       |        |  |
| Total Depth:  | Plug Ba                         | ck Depth:                        |          | Plug Back Meth    | od:  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Geological Date:  |                                 |                                  |          |                   |  |                   |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| Formation Name  | Formation                       | Top Formation Base               |          |                   | Comple   | tion Information  |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| 1   |                                 | to Feet                          |          |                   |  | Feet or Open Hole |           |              |          |  |  |           |         |     |         |              |           |       |        |  |
| 2   | At:                             | to Feet                          | Perfo    | ration Interval - | to   | Feet or Open Hole | Interval  | to           | Feet     |  |  |           |         |     |         |              |           |       |        |  |
| HINDED DENALTY OF DEE   | ) IIIDV I LIEDEDV ATTI          |                                  |          | ctronically       |  | CORRECT TO THE    | DEST OF M | A NIOWI E    | DOE      |  |  |           |         |     |         |              |           |       |        |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                                  | Date Tested:                    | R                                | Results: |                   | Date Plugged:  | Date Repaired:    | Date Put  | Back in Serv | ice:     |  |  |           |         |     |         |              |           |       |        |  |
| Review Completed by: Com  |                                 |                                  | 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 |  |

Conservation Division District Office No. 3 1500 W. Seventh Chanute, KS 66720



Phone: 620-432-2300 Fax: 620-432-2309 http://kcc.ks.gov/

Sam Brownback, Governor

Jay Scott Emler, Chairman Shari Feist Albrecht, Commissioner Pat Apple, Commissioner

February 25, 2016

TOM CAIN JTC Oil, Inc. 35790 PLUM CREEK RD OSAWATOMIE, KS 66064

Re: Temporary Abandonment API 15-121-19512-00-00 COOPER C-3 SE/4 Sec.09-17S-22E Miami County, Kansas

### Dear TOM CAIN:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

## **Obstruction in casing**

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by March 26, 2016.

Sincerely,

**Taylor Herman**