KANSAS CORPORATION COMMISSION 1301955

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 Descrip           | Spot Description:  |                           |        |       |  |  |
| Address 1:                         |            |                  |               | _                      | Sec  | c Twp S.                  | R 🗌    | E 🗌 W |  |  |
| Address 2:                         |            |                  |               |                        |  | feet from N               |        |       |  |  |
| City:                              | State:     | Zip:             | _ +           |                        | GPS Location: Lat:, Long:                                    |                           |        |       |  |  |
| Contact Person:                    |            |                  |               |                        | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |                           |        |       |  |  |
| Phone:()                           |            |                  |               |                        | County: Elevation: GL KB                                     |                           |        |       |  |  |
| Contact Person Email:              |            |                  |               |                        |  | Wel                       |        |       |  |  |
| Field Contact Person:              |            |                  |               |                        |  | il 🗌 Gas 🗌 OG 🗌 WSW 🗌     |        |       |  |  |
| Field Contact Person Phor          | ne:()      |                  |               |                        |  | ENHR Perr                 | nit #: |       |  |  |
|                                    | ()         |                  |               | Gas Stor               |  | Dete Obst las             |        |       |  |  |
|                                    |            | _                |               | Spud Date:_            |  | Date Shut-In:             |        |       |  |  |
|                                    | Conductor  | Surface          |               | Production             | Intermediat  | te Liner                  | Tubing |       |  |  |
| Size                               |            |                  |               |                        |  |                           |        |       |  |  |
| Setting Depth                      |            |                  |               |                        |  |                           |        |       |  |  |
| Amount of Cement                   |            |                  |               |                        |  |                           |        |       |  |  |
| Top of Cement                      |            |                  |               |                        |  |                           |        |       |  |  |
| Bottom of Cement                   |            |                  |               |                        |  |                           |        |       |  |  |
| Casing Fluid Level from Su         | ırface:    |                  | How Determir  | ned?                   |  |                           | Date:  |       |  |  |
|                                    |            |                  |               |                        |  | sacks of cement.          |        |       |  |  |
|                                    |            |                  |               | (top) (                | (bottom)   |                           |        |       |  |  |
| Do you have a valid Oil & O        |            |                  |               |                        |  |                           |        |       |  |  |
| Depth and Type: Junk               | in Hole at | Tools in Hole    | at<br>(depth) | Casing Leaks:          | Yes No E   | Depth of casing leak(s):  |        |       |  |  |
|                                    |            |                  |               |                        |  | Port Collar: w /          |        |       |  |  |
| Packer Type:                       |            |                  |               |                        |  |                           |        |       |  |  |
| Total Depth:                       | Plug B     | ack Depth:       |               | Plug Back Metho        | od:  |                           |        |       |  |  |
|                                    |            |                  |               |                        |  |                           |        |       |  |  |
| Geological Date:                   |            | n Top Formation  | Base          |                        | Comp   | letion Information        |        |       |  |  |
| Geological Date:<br>Formation Name | Formatio   | n lop i onnation |               |                        |  |                           |        |       |  |  |
| Formation Name                     |            |                  | Feet F        | Perforation Interval _ | to   | Feet or Open Hole Interva | al 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 🗌 [                       | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Norm tools have not not an and have been seen and the long   | 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 |
| 100 <td>KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720</td> <td>Phone 620.432.2300</td>   | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| And here the first the termination of ter | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

Cambria Corporation - Becker Funt unit #1 76-15 3-29-16

Rumping well

ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TE

ANE, WICHITA FALLS, TEXAS 76302 minum in しょうし

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-225-8888 Fax: 620-225-8885 http://kcc.ks.gov/

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

April 05, 2016

Linda Dougherty Cambria Corporation 3716 10TH ST PO BOX 1065 GREAT BEND, KS 67530-3543

Re: Temporary Abandonment API 15-145-21515-00-00 BECKER TRUST 1 NW/4 Sec.32-23S-15W Pawnee County, Kansas

Dear Linda Dougherty:

"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 04/05/2017.

\* 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 04/05/2017.

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

Very truly yours,

Michael Maier"