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:   |                     |                       |               | feet from Feet f |  |                            |             |          |          |  |
| Contact Person:   |                     |                       |               | GPS Location: Lat:, Long:  |  |                            |             |          |          |  |
| Phone:( )  Contact Person Email:  Field Contact Person: |                     |                       |               | County: Elevation: GL KB   |  |                            |             |          |          |  |
|   |                     |                       |               | Lease Name:  |  |                            |             |          |          |  |
|   |                     |                       |               |  |  |                            |             |          |          |  |
| ,   |                     |                       |               |  | Gas Storage Permit #:                                  |                            |             |          |          |  |
|   | Conductor           | Surface               | Pro           | duction  | Intermediate   | Liner                      |             | Tubing   |          |  |
| Size  |                     |                       |               |  |  |                            |             |          |          |  |
| Setting Depth   |                     |                       |               |  |  |                            |             |          |          |  |
| Amount of Cement  |                     |                       |               |  |  |                            |             |          |          |  |
| Top of Cement   |                     |                       |               |  |  |                            |             |          |          |  |
| Bottom of Cement  |                     |                       |               |  |  |                            |             |          |          |  |
| Depth and Type:   | I ALT. II Depth o   | of: DV Tool:(depth)   | w / _<br>Inch | sack   | s of cement Po   | ort Collar:(depth)<br>Feet |             |          | f cement |  |
|   |                     |                       |               |  |  |                            |             |          |          |  |
| Geological Date:  |                     |                       |               |  |  |                            |             |          |          |  |
| Formation Name  |                     | Top Formation Base    | 5 (           |  | •  | tion Information           |             |          |          |  |
| 1   |                     |                       |               |  |  | Feet or Open Hole Ir       |             |          |          |  |
| 2   | At:                 | to Feet               | Perfo         | ration interval.   | to   | Feet or Open Hole Ir       | iterval     | to       | Feet     |  |
| IINDER RENALTV OF REE                                   | IIIDV I UEDEDV ATTE |                       |               | ctronicall   |  | CORRECT TO THE B           | ECT OF MV L | /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:                                    |                     |                       | Comn          | nents:   |  |                            |             |          |          |  |
| TA Approved: Yes  | Denied Date:        |                       |               |  |  |                            |             |          |          |  |
|   |                     | Mail to the App       | ropriate      | KCC Conserv  | ation Office:  |                            |             |          |          |  |
| r <u>same</u>   |                     |                       |               |  |  |                            |             |          |          |  |

|  | 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

April 05, 2016

Tony Gutschenritter Gutschenritter, Tony 12561 W 82ND TER LENEXA, KS 66215-2742

Re: Temporary Abandonment API 15-125-22927-00-00 GUTSCHENRITTER 1 SE/4 Sec.03-31S-15E Montgomery County, Kansas

## Dear Tony Gutschenritter:

"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,

Duane Sims"