Form CP-111 Oct 2016 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[              | EW          |  |
| Address 2:                                   |                        |                              |               |   |                        | feet from                |                    |             |  |
| City:  |                        |                              |               | feet from E / W Line of Section                   |                        |                          |                    |             |  |
| Contact Person:                              |                        |                              |               | GPS Location: Lat:, Long:                         |                        |                          |                    |             |  |
| Phone:( )                                    |                        |                              |               |   |                        | 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 #:                      |                        |                          |                    |             |  |
| · · · ·                                      |                        |                              |               | Gas Storage Permit #:                             |                        |                          |                    |             |  |
|  | Conductor              | Surface                      | Pro           | oduction  | Intermediate           | Liner                    | Tub                | ina         |  |
| Size   | Conductor              | Surface                      | 110           | duction   | memediate              | Linei                    | Tuc                | iiig        |  |
| Setting Depth                                |                        |                              |               |   |                        |                          |                    |             |  |
| Amount of Cement                             |                        |                              |               |   |                        |                          |                    |             |  |
| Top of Cement                                |                        |                              |               |   |                        |                          |                    |             |  |
| Bottom of Cement                             |                        |                              |               |   |                        |                          |                    |             |  |
| Do you have a valid Oil & G Depth and Type:  | in Hole at             | Tools in Hole at(depth.      | w / _<br>Inch | sacks   | of cement Port         | Collar:<br>(depth)<br>et |                    | k of cement |  |
| Formation Name                               | Formation <sup>-</sup> | Formation Top Formation Base |               |   | Completion Information |                          |                    |             |  |
| 1  | At:                    | to Fee                       | t Perfo       | ration Interval _                                 | toF                    | eet or Open Hole Inte    | erval to _         | Feet        |  |
| 2  | At:                    | to Fee                       | t Perfo       | ration Interval -                                 | to F                   | eet or Open Hole Inte    | ervalto _          | Feet        |  |
| IINDED DENALTY OF DEE                        | NIIDVI HEDEDV ATTE     |                              |               | ctronically                                       |                        | ABBEATTA TUE BEG         | OT OF BRV I/MOB    | II EDGE     |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:           | ed: Results:                 |               |   | Date Plugged:          | Date Repaired:           | Date Put Back in S | Service:    |  |
| Review Completed by:                         |                        |                              | Comn          | nents:  |                        |                          |                    |             |  |
| TA Approved: Yes                             | Denied Date:           |                              |               |   |                        |                          |                    |             |  |
|  |                        | Mail to the App              | oropriate     | KCC Conserv                                       | ation Office:          |                          |                    |             |  |

| States bade from the title (and pass facility states from the pass   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |  |
|--|--|--------------------|--|
| The bas has been been been the same the | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| The last of the la | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |  |
| Size that the last two two two two two two two two two tw  | 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

November 01, 2016

Harold Murburger TEHI Illinois, LLC PO BOX 672 OLNEY, IL 62450

Re: Temporary Abandonment API 15-049-20518-00-00 L JONTRA 1 SE/4 Sec.36-29S-12E Elk County, Kansas

## Dear Harold Murburger:

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

## No current witnessed MIT

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by November 29, 2016.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Duane Sims KCC DISTRICT 3