KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division 1320588

Form CP-111 Oct 2016 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#                              |                              |             |           |                        | API No. 15-                     |                  |              |                   |          |        |        |
|---|------------------------------|-------------|-----------|------------------------|---------------------------------|------------------|--------------|-------------------|----------|--------|--------|
| Name:   |                              |             |           |                        | Spot Descri                     | ption:           |              |                   |          |        |        |
| Address 1:                                      |                              |             |           |                        |                                 | Se               | ec           | Twp S. F          | २        | [] E   | W      |
| Address 2:                                      |                              |             |           |                        |                                 |                  |              | _ feet from _ N   |          |        |        |
| City:   Zip:  +     Contact Person:    Phone:() |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
|   |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
|   |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Contact Person Email:                           |                              |             |           |                        |                                 |                  |              | Well              |          |        |        |
| Field Contact Person:                           |                              |             |           |                        | Well Type: (                    | check one) 🗌     | Oil Gas      | OG WSW            | Other: _ |        |        |
| Field Contact Person Phone                      |                              |             |           |                        | SWD Permit #:    ENHR Permit #: |                  |              |                   |          |        |        |
|   | ()                           |             |           |                        |                                 | rage Permit #: _ |              |                   |          |        |        |
|   |                              |             |           |                        | Spud Date:                      |                  |              | Date Shut-In:     |          |        |        |
|   | Conductor                    | Surfa       | ce        | Proc                   | luction                         | Intermedia       | ate          | Liner             |          | Tubing |        |
| Size  |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Setting Depth                                   |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Amount of Cement                                |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Top of Cement                                   |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Bottom of Cement                                |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Casing Fluid Level from Su                      | rface:                       |             | How Deter | rmined?                |                                 |                  |              | D                 | ate:     |        |        |
| Casing Squeeze(s):                              |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Do you have a valid Oil & G                     | as Lease? 🗌 Yes              | No          |           |                        |                                 |                  |              |                   |          |        |        |
| Depth and Type: 🗌 Junk                          | in Hole at                   | Tools in Ho | e at      | Cas                    | ing Leaks:                      | Yes No           | Depth of cas | sing leak(s):     |          |        |        |
| Type Completion:                                |                              |             |           |                        |                                 |                  |              |                   |          |        | cement |
|   |                              |             |           |                        |                                 |                  |              | (depth)           |          |        | comon  |
| Packer Type:                                    |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Total Depth:                                    | Plug B                       | ack Depth:  |           | P                      | lug Back Metho                  | od:              |              |                   |          |        |        |
| Geological Date:                                |                              |             |           |                        |                                 |                  |              |                   |          |        |        |
| Geological Date.                                | Formation Top Formation Base |             |           | Completion Information |                                 |                  |              |                   |          |        |        |
| Ū.  | Formatio                     |             |           |                        |                                 |                  |              |                   |          |        | _      |
| Formation Name                                  |                              | to          | Feet      | Perfora                | ation Interval _                | to               | Feet or      | Open Hole Interva | I        | 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:

|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |
|--|--|--------------------|
|  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|  | 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/

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

December 20, 2016

A. Blaine Hanks Gateway Resources U.S.A., Inc. 1821 ARBOR DR BARTLESVILLE, OK 74006-7004

Re: Temporary Abandonment API 15-125-30277-00-00 PIERSON 6-2 SE/4 Sec.06-34S-15E Montgomery County, Kansas

Dear A. Blaine Hanks:

"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 12/20/2017.

\* 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 12/20/2017.

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

Very truly yours,

Duane Sims"