1361171

Form CP-111

March 2017

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:   |                |                     |             |  | •                     | Twp                                 |          |                | E W       |  |                       |
| Address 2:   |                |                     |             |  |                       | feet from                           |          |                |           |  |                       |
| City: State: Zip: +  |                |                     |             | feet from DE / DW Line of Section      |                       |                                     |          |                |           |  |                       |
|  |                |                     |             | GPS Location: Lat:, Long:(e.gxxxxxxxx) |                       |                                     |          |                |           |  |                       |
| Contact Person:  |                |                     |             | Datum: NAD27 NAD83 WGS84               |                       |                                     |          |                |           |  |                       |
| Phone:()   |                |                     |             | County:                                |                       |                                     |          |                |           |  |                       |
|  |                |                     |             |  |                       |                                     |          |                |           |  | Field Contact Person: |
| Field Contact Person Phone: ( )  |                |                     |             |  | Gas Storage Permit #: |                                     |          |                |           |  |                       |
|  |                |                     |             | Spud Date:                             |                       | Date Shut                           | In:      |                |           |  |                       |
|  | Conductor      | Surface             | Pr          | oduction                               | Intermediate          | Line                                |          | Tubing         | j l       |  |                       |
| Size   |                |                     |             |  |                       |                                     |          |                |           |  |                       |
| Setting Depth  |                |                     |             |  |                       |                                     |          |                |           |  |                       |
| Amount of Cement   |                |                     |             |  |                       |                                     |          |                |           |  |                       |
| Top of Cement  |                |                     |             |  |                       |                                     |          |                |           |  |                       |
| Bottom of Cement   |                |                     |             |  |                       |                                     |          |                |           |  |                       |
| Depth and Type:  Junk  Type Completion:  ALT  Packer Type:   Total Depth:   Geological Date:  Formation Name | Size: Plug Bad | of: DV Tool:(depth) | w /<br>Inch | Set at:                                | s of cement Po        | rt Collar:(depth)                   |          |                | of cement |  |                       |
|  |                | •                   | Porfe       | eration Interval                       | '                     |                                     | Intorval | to             | Foot      |  |                       |
| 1  |                | to Feet<br>to Feet  |             |  |                       | Feet or Open Hole Feet or Open Hole |          |                |           |  |                       |
| Do NOT Write in This Space - KCC USE ONLY  | Date Tested:   | Submitte            |             | ectronicall                            |                       |                                     |          | ut Back in Ser |           |  |                       |
| •  |                |                     |             |  |                       |                                     |          |                |           |  |                       |
| Review Completed by:  TA Approved: Yes   | Denied Date:   |                     | Comr        | ments:                                 |                       |                                     |          |                | $-\mid$   |  |                       |
|  |                | Mail to the App     | ropriate    | KCC Conserv                            | vation Office:        |                                     |          |                |           |  |                       |
|  |                |                     | , p. 1010   |  |                       |                                     |          |                |           |  |                       |

| Notes took took too too too to an Anne party took took took  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |
|--|--|--------------------|--|
| Name      | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |  |
| Same Street Street State State State State Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |  |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Sam Brownback, Governor

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

July 31, 2017

Teri Goebel Eagle Energy Resources LLC 153 S. BROADWAY ST.

LAPORTE, TX 77571

Re: Temporary Abandonment API 15-127-20452-00-00 KURTENBACH 4 NE/4 Sec.15-16S-05E Morris County, Kansas

## Dear Teri Goebel:

- "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 07/31/2018.
- \* 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 07/31/2018.

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

Very truly yours,

Jerry Sparling"