1368526

Form CP-111 July 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:   |                       |                              |           |                                 | Sec.             | Tw              | p S. R.             |              | E W       |  |   |  |  |  |  |   |  |  |  |  |  |
| Address 2:   |                       |                              |           |                                 |                  |                 | eet from N /        |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| City:       State: Zip: +         Contact Person:         Phone:() |                       |                              |           | feet from E / W Line of Section |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
|  |                       |                              |           | GPS Location: Lat:              |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
|  |                       |                              |           |                                 |                  |                 |                     |              |           |  | Contact Person Email:  Field Contact Person:  Field Contact Person Phone: ( ) |  |  |  |  | Lease Name:       Well #:         Well Type: (check one)       Oil Gas OG WSW Other:         SWD Permit #:       ENHR Permit #:         Gas Storage Permit #:       Gas Storage |  |  |  |  |  |
|  |                       |                              |           |                                 | o .              |                 | ate Shut-In:        |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
|  | Conductor             | Surface                      | Pro       | duction                         | Intermediate     | e               | Liner               | Tubing       |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Size   |                       |                              |           |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Setting Depth  |                       |                              |           |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Amount of Cement   |                       |                              |           |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Top of Cement  |                       |                              |           |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Bottom of Cement   |                       |                              |           |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Depth and Type:  Junk Type Completion:  ALT Packer Type:           | T. I ALT. II Depth o  | of: DV Tool:(depth)          | w / _     | sack                            | s of cement Po   | ort Collar:     | g leak(s): w /      | sack o       | of cement |  |   |  |  |  |  |   |  |  |  |  |  |
| Total Depth:   | Plug Bad              | ck Depth:                    |           | Plug Back Meth                  | od:              |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Geological Date:   |                       |                              |           |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Formation Name   | Formation             | Formation Top Formation Base |           | Completion Information          |                  |                 | ion                 |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| 1  | At:                   | to Feet                      | Perfo     | ration Interval                 |                  |                 |                     |              | Feet      |  |   |  |  |  |  |   |  |  |  |  |  |
| 2  | At:                   | to Feet                      | Perfo     | ration Interval                 | to               | _ Feet or Op    | oen Hole Interval _ | to           | Feet      |  |   |  |  |  |  |   |  |  |  |  |  |
| INDED DENALTY OF DE  | D IIIDV I UEDEDV ATTE | CTTUATTUE INCODMA            | TION CO   | NITAINED HEE                    | EIN IC TOLIE AND | COBBECT         | TO THE DEST OF      | MAN INVOINTE | :DCE      |  |   |  |  |  |  |   |  |  |  |  |  |
|  |                       | Submitt                      | ed Ele    | ctronicall                      | У                |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONL                        | Date Tested:          | R                            |           | Date Plugged                    | : Date Re        | epaired: Date P | ut Back in Serv     | /ice:        |           |  |   |  |  |  |  |   |  |  |  |  |  |
| Review Completed by:   |                       |                              | Comr      | nents:                          |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
| TA Approved: Yes   | Denied Date:          |                              |           |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
|  |                       | Mail to the App              | ropriate  | KCC Conserv                     | vation Office    |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |
|  |                       | ан со спе дрр                | . opriate |                                 |                  |                 |                     |              |           |  |   |  |  |  |  |   |  |  |  |  |  |

| these been from the lot and been made one that the   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
|  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Similar State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 3 137 E. 21<sup>st</sup> St. Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Sam Brownback, Governor

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

September 28, 2017

Chris McGown McGown Drilling, Inc. PO BOX K MOUND CITY, KS 66056

Re: Temporary Abandonment API 15-011-21993-00-00 MCCALL 14 NE/4 Sec.17-24S-22E Bourbon County, Kansas

## Dear Chris McGown:

- "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 09/28/2018.
- \* 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 09/28/2018.

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

Very truly yours,

Russell Hine"