1375071

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                             | Twp                | S. R          |              | E W  |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Address 2:  |  |                        |          |                                  | feet from N / S Line of Section |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| City:   | State:   | _ Zip: +               |          | GPS Location: Lat:, Long:, Long: |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Contact Person:   |  |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Phone:( )  Contact Person Email:  Field Contact Person: |  |                        |          |                                  | County:                         |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
|   |  |                        |          |                                  |                                 |                    |               |              |      |  |  | Field Contact Person Phone: ( ) |  |  |  |  | SWD Permit #: ENHR Permit #:        |  |  |  |  |  |  |
|   |  |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  | Gas Storage Permit #: Date Shut-In: |  |  |  |  |  |  |
|   | Conductor  | Surface                | Pro      | duction                          | Intermediat                     | e Line             | er            | Tubing       |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Size  | Conductor  | Gunade                 | 110      | duction                          | memediat                        | C                  | 21            | Tabilig      | '    |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Setting Depth   |  |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Amount of Cement  |  |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Top of Cement   |  |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Bottom of Cement  |  |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Packer Type:  | on: ALT. I ALT. II Depth of: DV Tool: (depth) Inch |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Geological Date:  |  |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Formation Name  | Formation  | Completion Information |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| 1   | At:  | to Feet                | Perfo    | ration Interval                  | to                              | _ Feet or Open Hol | e Interval    | to           | Feet |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| 2   | At:  | to Feet                | Perfo    | ration Interval                  | to                              | Feet or Open Hol   | e Interval    | to           | Feet |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| IINDED DENALTY OF DER                                   | I IIIDV I LIEDEDV ATTE                             |                        |          | ctronicall                       |                                 | D COBBECT TO THE   | : DECT OF MAN | / VAIONAII E | EDGE |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY            | Date Tested:                                       | R                      |          | Date Plugged                     | d: Date Repaired:               | Date Put E         | Back in Serv  | vice:        |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| Review Completed by:                                    |  | nents:                 |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
| TA Approved: Yes  | Denied Date:                                       |                        |          |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
|   |  | Mail to the App        | ropriate | KCC Conserv                      | ration Office:                  |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |
|   |  | 15 tile / tpp          | -        |                                  |                                 |                    |               |              |      |  |  |                                 |  |  |  |  |                                     |  |  |  |  |  |  |

|   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |  |
|---|--|--------------------|--|--|
| 1 | 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 |  |  |
|   | 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

December 12, 2017

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

Re: Temporary Abandonment API 15-125-30434-00-01 KNISLEY 7-1 SW/4 Sec.07-33S-17E 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 12/12/2018.
- \* 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 12/12/2018.

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

Very truly yours,

Duane Sims"