TEMPORARY ABANDONMENT WELL APPLICATION

______ State: _____ Zip: _____ + __ _ _ _ _

Surface

OPERATOR: License# _____

Contact Person Email: _____

Field Contact Person Phone: (_____) ____

Conductor

__ Size: ___

__ Plug Back Depth: ___

Formation Top Formation Base

Address 1:

Address 2:

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___ Total Depth: ___

Geological Date: **Formation Name**

Casing Fluid Level from Surface: ____

Do you have a valid Oil & Gas Lease? Yes No

INDED DENALTY OF BED HIDVI HEDERY ATTECT TH

Phone:(_____) ___

Field Contact Person: ____

Form must be Typed Form must be signed All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section _____ feet from E / W Line of Section GPS Location: Lat:_____ Datum: NAD27 NAD83 WGS84 ____ GL KB _____ Elevation:____ _____ Well #: ___ Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: _____ ENHR Permit #: ____ Gas Storage Permit #:____ ___ Date Shut-In: _ Spud Date: ___ Tubing Production Intermediate Liner ___ How Determined? _____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____ Type Completion:

ALT. I ALT. II Depth of:

DV Tool: _____ w / ____ sacks of cement Port Collar: _____ w / ____ sack of cement

	At:	_ to	Feet	Perforation Interval	to	_ Feet or	Open Hole Interval	to	Fee
חבם ווופע ו עו	EDEDV ATTECT	TUAT TUE INEA	ODMATIO	N CONTAINED LIEBEIN I	OTDIIE AM	D COBBE	OT TO THE DEST OF M	V KNOWI E	DOE

Completion Information

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Results:	Date Plugged:	Date Repaired:	Date Put Back in Service:
Review Completed by:		Comments:			
TA Approved: Yes De	enied Date:				

__ Inch Set at: ___

___ Plug Back Method: ___

At: ______ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval _____ to ____ Feet

Mail to the Appropriate KCC Conservation Office:

KCC District Office #1 - 210 E.	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	
KCC District Office #2 - 3450	N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 Phor	ne 316.337.7400
KCC District Office #3 - 137 E.	21st St., Chanute, KS 66720 Phor	ne 620.902.6450
KCC District Office #4 - 2301 E	E. 13th Street, Hays, KS 67601-2651 Phor	ne 785.261.6250

STATE OF KANSAS

Corporation Commission Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



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

$Governor\ Jeff\ Colyer,\ M.D.$ Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Pat Apple, Commissioner

April 09, 2018

Steve Jones Jones, Stephen C. 2332 W NEW ORLEANS BROKEN ARROW, OK 74011

Re: Temporary Abandonment API 15-031-21991-00-00 TRUELOVE 7-1 SE/4 Sec.07-21S-14E Coffey County, Kansas

Dear Steve Jones:

- "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 04/09/2019.
- * 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 04/09/2019.

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

Very truly yours,

Mike Heffern"