Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| Address 1:   | OPERATOR: License#                           |                       |   |             |                           | API No. 15-   |                     |                        |  |
|--|--|-----------------------|---|-------------|---------------------------|---|---------------------|------------------------|--|
| Sec.   Tey.   S.R.   E   W. Address 1:   | Name:  |                       |   |             | Spot Description:         |   |                     |                        |  |
| State   Zip:   |  |                       |   |             |                           |   |                     |                        |  |
| State   Zip:   |  |                       |   |             |                           | feet from N / S Line of Section                             |                     |                        |  |
| Contact Person:  |  |                       |   |             |                           |   |                     |                        |  |
| Promes (   |  |                       |   |             | GPS Location: Lat:, Long: |   |                     |                        |  |
| Lease Name:  |  |                       |   |             |                           |   |                     |                        |  |
| Well Type: (Peeks one   O o   Gas   O o   WSW   Other:   |  |                       |   |             |                           |   |                     |                        |  |
| SWD Parmit #:  |  |                       |   |             |                           | Well Type: (check one)    Oil    Gas    OG    WSW    Other: |                     |                        |  |
| Size   |  |                       |   |             |                           | ☐ SWD Permit #:   |                     |                        |  |
| Size   Conductor   Surface   Production   Intermediate   Liner   Tubing  | )  |                       |   |             |                           |   |                     |                        |  |
| Size   Setting Depth   Setting |  |                       |   |             | Spud Date:                |   | Date Shut-In:       |                        |  |
| Setting Depth Amount of Cement Top of Cement |  | Conductor             | Surface   | Pro         | oduction                  | Intermediate  | Liner               | Tubing                 |  |
| Amount of Cement   | Size   |                       |   |             |                           |   |                     |                        |  |
| Top of Cement Bottom of | Setting Depth                                |                       |   |             |                           |   |                     |                        |  |
| Bottom of Cement  Casing Fluid Level from Surface:   | Amount of Cement                             |                       |   |             |                           |   |                     |                        |  |
| Casing Fluid Level from Surface:   | Top of Cement                                |                       |   |             |                           |   |                     |                        |  |
| Casing Squeeze(s):   | Bottom of Cement                             |                       |   |             |                           |   |                     |                        |  |
| Casing Squeeze(s):   | Casing Fluid Lavel from Su                   | urfaco:               | How F   | Octorminad? | 1                         |   | D                   | ato:                   |  |
| Do you have a valid Oil & Gas Lease?   |  |                       |   |             |                           |   |                     |                        |  |
| Depth and Type:  | (top   | o) (bottom)           | _   |             | (top)                     | (bottom)  |                     |                        |  |
| Type Completion: ALT. I Depth of: DV Tool: w/ sacks of cement Port Collar: w/ sack of cement Packer Type: Size: Inch Set at: Feet  Total Depth: Plug Back Depth: Plug Back Method:  Geological Date:  Formation Name Formation Top Formation Base Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval Top Fe | Do you have a valid Oil & C                  | Gas Lease? Yes        | No  |             |                           |   |                     |                        |  |
| Type Completion: ALT. I Depth of: DV Tool: w/ sacks of cement Port Collar: w/ sack of cement Packer Type: Size: Inch Set at: Feet  Total Depth: Plug Back Depth: Plug Back Method:  Geological Date:  Formation Name Formation Top Formation Base Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval Top Fe | Depth and Type: 🔲 Junk                       | in Hole at [          | Tools in Hole at                                | Ca          | sing Leaks:               | Yes No Depth o  | f casing leak(s):   |                        |  |
| Packer Type:   |  |                       |   |             |                           |   |                     |                        |  |
| Geological Date:  Formation Name  Formation Top Formation Base  Completion Information  At:  |  |                       |   |             |                           |   | (******)            |                        |  |
| Formation Name  Formation Top Formation Base  Completion Information  At:  | Total Depth:                                 | Plug Ba               | ck Depth:                                       |             | Plug Back Meth            | od:   |                     |                        |  |
| At:  | Geological Date:                             |                       |   |             |                           |   |                     |                        |  |
| At:  | Formation Name                               | Formation             | Top Formation Base                              |             |                           | Completion In   | nformation          |                        |  |
| At:  | ·  |                       |   |             |                           |   |                     |                        |  |
| Submitted Electronically  Do NOT Write in This   |  |                       |   |             |                           | tion Interval to Feet or Open Hole Interval to Feet         |                     |                        |  |
| Submitted Electronically  Do NOT Write in This   |  |                       |   |             |                           |   |                     |                        |  |
| Do NOT Write in This   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 620.682.7933  | IINDED DENALTV OF DE                         | D IIIDV I UEDEDV ATTI | ECT TUAT TUE INICADA                            | MATION CO   | NITAINED HEE              | EIN ICTUIE AND COD  | DECTTO THE DECT     | DE MA INIUMI EDGE      |  |
| Space - KCC USE ONLY  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 620.682.7933  |  |                       | Submi   | tted Ele    | ctronicall                | y   |                     |                        |  |
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| Review Completed by: Comments: TA Approved:  |  |                       |   |             |                           | Date Plugged:   | Date Repaired: Date | e Put Back in Service: |  |
| Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   | Space - NGC USE ONE                          | <u> </u>              |   |             |                           |   |                     |                        |  |
| Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   | Review Completed by:                         |                       |   | Comr        | nents:                    |   |                     |                        |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   | TA Approved: Yes                             | Denied Date:          |   |             |                           |   |                     |                        |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   |  |                       | Mail to the Ap                                  | propriate   | KCC Conserv               | ation Office:   |                     |                        |  |
|  | Thomas Paper Dates Note Date Date Date Dates | KCC Dist              | KCC District Office #1 - 210 E. Frontview, Suit |             |                           | ty, KS 67801  | Phone 620.682.7933  |                        |  |
|  |  | <u></u>               | KCC District Office #2 - 3450 N Rock Road       |             |                           |   |                     |                        |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

## 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

Christopher Haas C3Oil, LLC 600 ARROWHEAD DR NEW STRAWN, KS 66839

Re: Temporary Abandonment API 15-207-01415-00-00 MACLASKEY 20 NE/4 Sec.29-23S-14E Woodson County, Kansas

## Dear Christopher Haas:

- "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"