#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#            |                              |             |           |         | API No. 15                      |                 |             |                  |        |        |                       |
|-------------------------------|------------------------------|-------------|-----------|---------|---------------------------------|-----------------|-------------|------------------|--------|--------|-----------------------|
| Name:                         |                              |             |           |         | Spot Description:               |                 |             |                  |        |        |                       |
| Address 1:                    |                              |             |           |         |                                 | Se              | ec          | _ Twp S.         | R      | E      | = 🗌 w                 |
| Address 2:                    |                              |             |           |         |                                 |                 |             | _ feet from _ I  |        |        |                       |
| City:                         | State:                       | Zip:        | +         |         | feet from E /W Line of Section  |                 |             |                  |        |        |                       |
| Contact Person:               |                              |             |           |         | GPS Location: Lat:              |                 |             |                  |        |        |                       |
|                               |                              |             |           |         |                                 |                 |             |                  |        |        | Contact Person Email: |
| Field Contact Person:         |                              |             |           |         | Well Type: (                    | check one) 🗌    | Oil Gas     |                  | Other: |        |                       |
| Field Contact Person Phone:   |                              |             |           |         | SWD Permit #:    ENHR Permit #: |                 |             |                  |        |        |                       |
|                               | //                           |             |           |         |                                 | rage Permit #:_ |             |                  |        |        |                       |
|                               |                              |             |           |         | Spud Date:                      |                 |             | _ Date Shut-In:  |        |        |                       |
|                               | Conductor                    | Surfa       | ice       | Proc    | duction                         | Intermedi       | ate         | Liner            |        | Tubing |                       |
| Size                          |                              |             |           |         |                                 |                 |             |                  |        |        |                       |
| Setting Depth                 |                              |             |           |         |                                 |                 |             |                  |        |        |                       |
| Amount of Cement              |                              |             |           |         |                                 |                 |             |                  |        |        |                       |
| Top of Cement                 |                              |             |           |         |                                 |                 |             |                  |        |        |                       |
| Bottom of Cement              |                              |             |           |         |                                 |                 |             |                  |        |        |                       |
| Casing Fluid Level from Surfa | ce.                          |             | How Deter | rmined? |                                 |                 |             |                  | Date:  |        |                       |
| Casing Squeeze(s):            |                              |             |           | _       |                                 |                 |             |                  |        |        |                       |
| Do you have a valid Oil & Gas | Lease? Yes                   | No          |           |         |                                 |                 |             |                  |        |        |                       |
| Depth and Type: 🗌 Junk in     | Hole at                      | Tools in Ho | le at     | _ Cas   | ing Leaks:                      | Yes No          | Depth of ca | sing leak(s):    |        |        |                       |
| Type Completion: ALT. I       |                              |             |           |         |                                 |                 |             |                  |        |        | cement                |
| Packer Type:                  |                              |             |           |         |                                 |                 |             | (depth)          |        |        |                       |
|                               | Plug Back Depth:             |             |           |         |                                 |                 |             |                  |        |        |                       |
| Geological Date:              |                              |             |           |         |                                 |                 |             |                  |        |        |                       |
| Formation Name                | Formation Top Formation Base |             |           |         | Completion Information          |                 |             |                  |        |        |                       |
|                               | At:                          | to          | Feet      | Perfora | ation Interval _                | to              | Feet or     | Open Hole Interv | val    | to     | Feet                  |
| 1                             |                              |             |           |         |                                 |                 |             |                  |        | - to   |                       |

# Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | enied Date:  |           |               |                |                           |

#### Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 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 | Dwight D. Keen, Commissioner

April 26, 2018

JIM THWEATT Trimble & Maclaskey Oil LLC 110 SOUTH ST PO BOX 171 GRIDLEY, KS 66852

Re: Temporary Abandonment API 15-031-19100-00-00 KELLY 5M SW/4 Sec.14-23S-13E Coffey County, Kansas

Dear JIM THWEATT:

"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 04/26/2019.

\* 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 04/26/2019.

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

Very truly yours,

Mike Heffern"