KOLAR Document ID: 1413502

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#   |                                       |                     |             | API No. 15-                                     |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
|--|---------------------------------------|---------------------|-------------|---|--|-----------------------|----------|-----------------|-------------------|----------------------------|--|--|--|--------|-----------------------------|---------------|--------------|---|--|
| OPERATOR: License#   |                                       |                     |             | API No. 15                                      |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
|  |                                       |                     |             |   | •                                      |                       |          |                 | E \( \subseteq \) |                            |  |  |  |        |                             |               |              |   |  |
| Address 1:   |                                       |                     |             | Sec Twp S. R E V feet from N / S Line of Sectio |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
|  |                                       |                     |             |   |  | feet from             |          |                 | f Section         |                            |  |  |  |        |                             |               |              |   |  |
| City:       State:       Zip:       +          Contact Person: |                                       |                     |             | GPS Location: Lat:                              |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
|  |                                       |                     |             |   |  |                       |          |                 |                   | Field Contact Person:      |  |  |  |        |                             | ☐Gas ☐ OG ☐ W |              |   |  |
|  |                                       |                     |             |   |  |                       |          |                 |                   | Field Contact Person Phone |  |  |  | SWD Po | ermit #:<br>orage Permit #: | EN            | HR Permit #: | : |  |
|  | Conductor                             | Surface             | Pro         | duction   | Intermediate                           | Line                  | r        | Tubing          |                   |                            |  |  |  |        |                             |               |              |   |  |
| Size   |                                       |                     |             |   |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Setting Depth  |                                       |                     |             |   |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Amount of Cement   |                                       |                     |             |   |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Top of Cement  |                                       |                     |             |   |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Bottom of Cement   |                                       |                     |             |   |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Casing Squeeze(s):   | in Hole at(depth)  I ALT. II Depth of | No Tools in Hole at | Ca<br>w / _ | sing Leaks:                                     | Yes No Deposition No Deposition No Por | pth of casing leak(s) | :        |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Total Depth:   | Plug Ba                               | ck Depth:           |             | Plug Back Meth                                  | od:                                    |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Geological Date:   |                                       | Top Formation Base  |             |   |  | ion Information       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| 1  |                                       | to Feet             | t Perfo     | ration Interval                                 | ·                                      |                       | Interval | to              | Feet              |                            |  |  |  |        |                             |               |              |   |  |
| 2  |                                       | to Feet             |             |   |  | Feet or Open Hole     |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| UNDER REMAITY OF REE   | D IIIDV I UEDEDV ATTE                 | _                   | ATION CO    |   | EIN ICTOLIE AND                        | •                     |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                   | Date Tested:                          | R                   | Results:    |   | Date Plugged:                          | Date Repaired:        | Date Pu  | it Back in Serv | rice:             |                            |  |  |  |        |                             |               |              |   |  |
| Review Completed by:   |                                       |                     | Comn        | nents:  |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
| TA Approved: Yes   | Denied Date:                          |                     |             |   |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |
|  |                                       |                     |             |   |  |                       |          |                 |                   |                            |  |  |  |        |                             |               |              |   |  |

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

| KCC District Office #1 - 210 E. I | Frontview, Suite A, Dodge City, KS 67801 Phone 620.68                | 32.7933 |
|-----------------------------------|--|---------|
| KCC District Office #2 - 3450 N   | . Rock Road, Building 600, Suite 601, Wichita, KS 67226 Phone 316.33 | 37.7400 |
| KCC District Office #3 - 137 E.   | 21st St., Chanute, KS 66720 Phone 620.90                             | )2.6450 |
| KCC District Office #4 - 2301 E.  | 13th Street, Hays, KS 67601-2651 Phone 785.26                        | 61.6250 |

| 7/50:50 UTC 06/22/2018 | DUCTION RATE::: |  | 金少好 人名 电多用处理 医角体 | =- RON STAFFORD 19-1                  |  |
|------------------------|-----------------|--|------------------|---------------------------------------|--|
| Y                      | THEO RETERET, N |  |                  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |

CHOMETER COMPANY PHONE-940-767-4334

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## STATE OF KANSAS

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



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

## GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

July 02, 2018

Ray Gilbert Entransco Energy, LLC PO BOX 578 DEWEY, OK 74029

Re: Temporary Abandonment API 15-133-25870-00-00 RON STAFFORD 19-1 NW/4 Sec.19-30S-18E Neosho County, Kansas

### Dear Ray Gilbert:

"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 07/02/2019.

- \* 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 07/02/2019.

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

Very truly yours,

Alan Dunning"