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-            |                             |             |                |           |                           |              |
|---|-----------------------------------|--|-----------|---------|------------------------|-----------------------------|-------------|----------------|-----------|---------------------------|--------------|
| Name:   |                                   |  |           |         | Spot Descri            | iption:                     |             |                |           |                           |              |
| Address 1:                                    |                                   |  |           |         |                        | · Sec                       |             |                | _ S. R    | [                         | _ E _ W      |
| Address 2:                                    |                                   |  |           |         |                        |                             |             | feet from      | N /       | S Line                    | e of Section |
| City:   |                                   | feet from L E / L W Lir  |           |         |                        |                             |             |                |           |                           |              |
| Contact Person:                               |                                   | GPS Location: Lat:   |           |         |                        |                             |             |                |           |                           |              |
| Phone:( )                                     |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Contact Person Email:                         |                                   | Lease Name: Well #: Well Type: (check one) Oil Gas OG WSW Other: |           |         |                        |                             |             |                |           |                           |              |
| Field Contact Person:                         |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Field Contact Person Phone                    |                                   |  |           |         | Gas Sto                | ermit #:<br>orage Permit #: |             |                |           |                           |              |
|   | Conductor                         | Surfac   | e         | Proc    | luction                | Intermediate                |             | Liner          |           | Tubi                      | ina          |
| Size  |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Setting Depth                                 |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Amount of Cement                              |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Top of Cement                                 |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Bottom of Cement                              |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Do you have a valid Oil & Ga  Depth and Type: | n Hole at                         | Tools in Hole  | (depth)   | w/      | sacks                  | s of cement P               | ort Collar: |                |           |                           |              |
| Total Depth:                                  | Plug B                            | ack Depth:   |           | P       | lug Back Meth          | od:                         |             |                |           |                           |              |
| Geological Date:                              |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Formation Name                                | Name Formation Top Formation Base |  |           |         | Completion Information |                             |             |                |           |                           |              |
| 1   | At:                               | to   | Feet      | Perfora | ation Interval         | to                          | _ Feet or O | pen Hole I     | nterval   | to _                      | Feet         |
| 2   | At:                               | to   | Feet      | Perfora | ation Interval -       | to                          | Feet or O   | pen Hole I     | nterval _ | to _                      | Feet         |
| INDED BENALTY OF BED                          | HIDVILLEDEDY ATT                  |  | INFORMATI | ION CON | TAINED HED             | SEIN IO TOUE AND            |             | TO THE D       |           | BAY KNOW                  | "            |
|   |                                   |  |           |         | tronicall              |                             |             |                |           |                           |              |
|   |                                   |  |           |         |                        |                             |             |                |           |                           |              |
| Do NOT Write in This<br>Space - KCC USE ONLY  |                                   |  | Results:  |         |                        | Date Plugged                | : Date R    | Date Repaired: |           | Date Put Back in Service: |              |
| Review Completed by:                          |                                   |  |           | _ Comme | ents:                  |                             |             |                |           |                           |              |
| TA Approved: Yes                              | Denied Date                       | e:   |           |         |                        |                             |             |                |           |                           |              |
|   |                                   |  |           |         |                        |                             |             |                |           |                           |              |

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

| these been from the lot and been made one that the   | 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 |  |
| Similar State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |  |

## STATE OF KANSAS

Corporation Commission Conservation Division District No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



PHONE: 620-682-7933 http://kcc.ks.gov/

# $Governor\ Jeff\ Colyer,\ M.D.$ Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Dwight D. Keen, Commissioner

July 16, 2018

Aaron Herrington TGT Petroleum Corporation 7570 W 21ST ST N BLDG 1046A WICHITA, KS 67205-1771

Re: Temporary Abandonment API 15-097-21813-00-00 RICE B 3 SW/4 Sec.29-27S-18W Kiowa County, Kansas

### Dear Aaron Herrington:

"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 07/16/2019.

- \* 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 07/16/2019.

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

Very truly yours,

Michael Maier"