KOLAR Document ID: 1419892

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

| Spot Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OPERATOR: License#              |                                                   |                    |            |                        | API No. 15-       |               |                     |              |                           |            |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------|--------------------|------------|------------------------|-------------------|---------------|---------------------|--------------|---------------------------|------------|---------|--|
| Sec.   Twp.   S. R.     G   W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                   |                    |            |                        | <u> </u>          |               |                     |              |                           |            |         |  |
| Modifies 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                   |                    |            |                        |                   | •             |                     |              |                           |            | W       |  |
| Contract   Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                   |                    |            |                        |                   |               |                     | feet from    | N /                       | S Line of  | Section |  |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                   | GPS Location: Lat: |            |                        |                   |               |                     |              |                           |            |         |  |
| Phone: ( )   County: Elevation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Lease Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Well Type: (check one)   Oil   Gas   OG   WSW   Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,,                              |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Gas Storage Fermit #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Conductor   Surface   Production   Intermediate   Liner   Tubling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Field Contact Person Phone: ( ) |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Size Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  (loop) to (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. |                                 |                                                   |                    |            |                        | Spud Date:        |               |                     | _ Date Shut  | -In:                      |            |         |  |
| Setting Depth Amount of Cement Top of Cement Bottom w/ sacks of cement. Bottom of Cement Bottom of Cement Bottom w/ sacks of cement Bottom of  |                                 | Conductor                                         | Surfa              | ace        | Pro                    | duction           | Intermediat   | e                   | Liner        |                           | Tubing     |         |  |
| Amount of Cement    Dot of Cement   Dottom of Cemen | Size                            |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Top of Cement  Bottom of Cemen | 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                |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| Geological Date:  Formation Name  Formation Top Formation Base  Completion Information  At:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Depth and Type:                 | n Hole at [   (depth)     ALT. II Depth     Size: | Tools in Ho        | ol:(depth) | w / _<br>Inch          | sacks<br>Set at:  | s of cement F | Port Collar<br>Feet |              |                           |            | cemen   |  |
| Formation Name  Formation Top Formation Base  Completion Information  At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet  At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet  Submitted Electronically  Do NOT Write in This  Space - KCC USE ONLY  Review Completed by: Comments:  Comments: Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lotal Deptn:                    | Plug Ba                                           | ск Deptn:          |            |                        | Plug Back Metho   | od:           |                     | _            |                           |            |         |  |
| At: to Feet Perforation Interval to Feet or Open Hole Interval To  | Geological Date:                |                                                   |                    |            |                        |                   |               |                     |              |                           |            |         |  |
| At:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Formation Name                  | Formation Top Formation Base                      |                    |            | Completion Information |                   |               |                     |              |                           |            |         |  |
| Submitted Electronically  Do NOT Write in This Space - KCC USE ONLY  Review Completed by:  Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                               | At:                                               | to                 | Feet       | Perfo                  | ration Interval _ | to            | Feet o              | r Open Hole  | Interval                  | to         | Feet    |  |
| Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY  Review Completed by: Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                               | At:                                               | to                 | Feet       | Perfo                  | ration Interval _ | to            | Feet o              | r Open Hole  | Interval                  | to         | Feet    |  |
| Space - KCC USE ONLY  Review Completed by: Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INDER REMAITY OF RER            | HIDVI HEDEDV ATT                                  |                    |            |                        |                   |               |                     | ECT TO THE   | DEST OF M                 | V KNOWI EL | ICE     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                   |                    |            | Results:               |                   | Date Plugge   | d: Dat              | te Repaired: | Date Put Back in Service: |            | :е:     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Review Completed by:            |                                                   |                    |            | _ Comm                 | ents:             |               |                     |              |                           |            |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Denied Date:                                      |                    |            |                        |                   |               |                     |              |                           |            |         |  |

### Mail to the Appropriate KCC Conservation Office:

| Name have been now toke tok and from homes mad man for home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
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| 1000 1000 1000 1000 1000 1000 1000 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The control of the co | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Sime Street Service 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 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

August 30, 2018

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

Re: Temporary Abandonment API 15-099-19922-00-00 MOON (BARBARA) 1 NW/4 Sec.11-33S-18E Labette 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 08/30/2019.
- \* 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 08/30/2019.

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

Very truly yours,

Russell Hine"