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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

## TEMPORARY ABANDONMENT WELL APPLICATION

|   |  |                                     |               | ı                           |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
|---|--|-------------------------------------|---------------|-----------------------------|------------------------|------------------------|-------------|----------------|---------|------|-----------|---------|-----|---------|--------------|-------------|-----|--------|--|
| OPERATOR: License#  |  |                                     |               | API No. 15Spot Description: |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Name:   |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Address 1:  |  |                                     |               |                             |                        | Twp                    |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Address 2:  |  |                                     |               |                             |                        | feet from feet from    | = =         | =              |         |      |           |         |     |         |              |             |     |        |  |
| City:   | State:   | Zip: + ,                            |               |                             |                        |                        |             | _              | Section |      |           |         |     |         |              |             |     |        |  |
| Contact Person:   |  |                                     |               | GPS Location: Lat:          |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Phone:( )   |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
|   |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     | _       | · ·          | Date Shut-l | ln: |        |  |
|   |  |                                     |               |                             |                        |                        |             |                |         |      | Conductor | Surface | Pro | duction | Intermediate | Liner       |     | Tubing |  |
|   |  |                                     |               |                             |                        |                        |             |                |         | Size |           |         |     |         |              |             |     |        |  |
| Setting Depth   |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Amount of Cement  |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Top of Cement   |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Bottom of Cement  |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type:  Junk ir  Type Completion:  ALT.  Packer Type: | as Lease? Yes Hole at (depth)  I ALT. II Depth o | No Tools in Hole at( f: DV Tool:(de | Ca<br>/depth) | sing Leaks:  sack           | Yes No Dep             | oth of casing leak(s): |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Total Depth:  |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Total Depth:  | Plug Bac   | к Беріп:                            |               | Plug back Metr              | ioa                    |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Geological Date:  |  |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| Formation Name  | Formation Name Formation Top Formation Base      |                                     |               |                             | Completion Information |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| 1   | At:  | to F                                | eet Perfo     | ration Interval             | to                     | Feet or Open Hole I    | nterval     | to             | Feet    |      |           |         |     |         |              |             |     |        |  |
| 2   | At:  | to F                                | eet Perfo     | ration Interval             | to                     | Feet or Open Hole I    | nterval     | to             | Feet    |      |           |         |     |         |              |             |     |        |  |
| IINDED DENALTY OF DED   | IIIDV I LIEBEDV ATTE                             |                                     |               | ctronicall                  |                        | COBBECT TO THE B       | DECT OF MAN | / KNOWI EL     | .ve     |      |           |         |     |         |              |             |     |        |  |
| Do NOT Write in This<br>Space - KCC USE ONLY  |  |                                     | Results:      |                             | Date Plugged:          | Date Repaired:         | Date Put E  | Back in Servio | ce:     |      |           |         |     |         |              |             |     |        |  |
| Review Completed by:  |  |                                     | Comm          | nents:                      |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |
| TA Approved: Yes  | Denied Date:                                     |                                     |               |                             |                        |                        |             |                |         |      |           |         |     |         |              |             |     |        |  |

### Mail to the Appropriate KCC Conservation Office:

| There had been the tab tab as and had been table to the  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 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 second of th | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Size Street Street State State Street | 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

October 16, 2018

Rod Phares Great Plains Petroleum, Inc. 221 CIRCLE DR WICHITA, KS 67218-1207

Re: Temporary Abandonment API 15-069-20423-01-00 BLEUMER 2629 3-19H NW/4 Sec.19-26S-29W Gray County, Kansas

#### Dear Rod Phares:

"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 10/16/2019.

- \* 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 10/16/2019.

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

Very truly yours,

Michael Maier"