## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1:                                |                 |                      |               | API No. 15          |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
|--|-----------------|----------------------|---------------|---------------------|----------------|------------------|--------------------------|---------|------|-----------------------|--|--|--|------------|----|--|-----------|--|--|
|  |                 |                      |               | Spot Description:   |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
|  |                 |                      |               | Sec Twp S. R E [] W |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Address 2:   |                 |                      |               |                     |                |                  | eet from N /             | =       |      |                       |  |  |  |            |    |  |           |  |  |
| City:        Zip:       +          Contact Person:        Phone:() |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
|  |                 |                      |               |                     |                |                  |                          |         |      | Contact Person Email: |  |  |  | Lease Name | 9: |  | Well #:   |  |  |
|  |                 |                      |               |                     |                |                  |                          |         |      | Field Contact Person: |  |  |  |            |    |  | G WSW Otl |  |  |
| Field Contact Person Phone   | e:( )           |                      |               |                     |                |                  | ENHR Permit #            | :       |      |                       |  |  |  |            |    |  |           |  |  |
|  | ()              |                      |               |                     | 0              |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
|  |                 | -                    |               | Spud Date:          |                | D                | ate Shut-In:             |         |      |                       |  |  |  |            |    |  |           |  |  |
|  | Conductor       | Surface              | Pro           | oduction            | Intermedia     | ate              | Liner                    | Tubing  |      |                       |  |  |  |            |    |  |           |  |  |
| Size   |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Setting Depth  |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Amount of Cement   |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Top of Cement  |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Bottom of Cement   |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Casing Fluid Level from Su   | rface:          | How                  | / Determined? |                     |                |                  | Date                     | :       |      |                       |  |  |  |            |    |  |           |  |  |
| Casing Squeeze(s):   | to w            | / sacks o            | of cement,    | to                  | (bottom) w / _ | sac              | ks of cement. Date       | :       |      |                       |  |  |  |            |    |  |           |  |  |
| Do you have a valid Oil & G  | as Lease? 🗌 Yes | No                   |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Depth and Type: 🗌 Junk   | in Hole at      | Tools in Hole at     | Ca            | sing Leaks:         | Yes No         | Depth of casing  | g leak(s):               |         |      |                       |  |  |  |            |    |  |           |  |  |
| Type Completion:   |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
|  |                 |                      |               |                     |                |                  | (depth)                  | 0000000 |      |                       |  |  |  |            |    |  |           |  |  |
| Packer Type:   |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
|  | Plug B          | ack Depth:           | [             | Plug Back Metho     | od:            |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Total Depth:   |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
|  |                 |                      |               |                     |                |                  |                          |         |      |                       |  |  |  |            |    |  |           |  |  |
| Geological Date:   | Formatio        | n Top Formation Base | 9             |                     | Com            | pletion Informat | ion                      |         |      |                       |  |  |  |            |    |  |           |  |  |
| Total Depth:<br>Geological Date:<br>Formation Name<br>1.           |                 | n Top Formation Base |               | ration Interval _   |                | •                | ion<br>ben Hole Interval | to      | Feet |                       |  |  |  |            |    |  |           |  |  |

## Submitted Electronically

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

## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
|  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

June 06, 2019

Craig Settle Shawmar Oil & Gas Co., Inc. 1116 E MAIN PO BOX 9 MARION, KS 66861-1230

Re: Temporary Abandonment API 15-115-20401-00-00 SCHLEHUBER 3 SE/4 Sec.36-18S-04E Marion County, Kansas

Dear Craig Settle:

"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 06/06/2020.

\* 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 06/06/2020.

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

Very truly yours,

Jerry Sparling"