KOLAR Document ID: 1474182

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

|   |                    |                    |         | l , <u>.</u>   |                        |                   |                              |             |          |
|---|--------------------|--------------------|---------|--|------------------------|-------------------|------------------------------|-------------|----------|
| OPERATOR: License#  |                    |                    |         | API No. 15-  |                        |                   |                              |             |          |
| Name:   |                    |                    |         | 1 .  | iption:                |                   |                              |             |          |
| Address 1:  |                    |                    |         |  | · Sec                  | •                 |                              | _           |          |
| Address 2:  |                    |                    |         |  |                        |                   |                              |             |          |
| City:   |                    |                    |         |  | on: Lat:               |                   |                              |             |          |
| Contact Person:   |                    |                    |         | Datum:   | (e.g. xx.) NAD27 NAD83 | WGS84             | (e.g                         | gxxx.xxxxx) |          |
| Phone:( )   |                    |                    |         |  |                        |                   |                              |             |          |
| Contact Person Email:   |                    |                    |         | Lease Name: Well #:  |                        |                   |                              |             |          |
| Field Contact Person:   |                    |                    |         | Well Type: (check one)  Oil  Gas  OG  WSW  Other:                          |                        |                   |                              |             |          |
| Field Contact Person Phone: (   | ()                 |                    |         | ☐ SWD Permit #:         ☐ ENHR Permit #:           ☐ Gas Storage Permit #: |                        |                   |                              |             |          |
|   |                    |                    |         |  | orage Permit #:        |                   | ·In:                         |             |          |
|   | Conductor          | Surface            | Pro     | oduction   | Intermediate           | Liner             |                              | Tubing      |          |
| Size  |                    |                    |         |  |                        |                   |                              |             |          |
| Setting Depth   |                    |                    |         |  |                        |                   |                              |             |          |
| Amount of Cement  |                    |                    |         |  |                        |                   |                              |             |          |
| Top of Cement   |                    |                    |         |  |                        |                   |                              |             |          |
| Bottom of Cement  |                    |                    |         |  |                        |                   |                              |             |          |
| Do you have a valid Oil & Gas  Depth and Type:  Junk in I  Type Completion:  ALT. I  Packer Type: | Hole at            | Tools in Hole at   | w/_     | sacks  | s of cement Port       | Collar:(depth)    |                              |             | f cement |
| • •   |                    |                    |         |  |                        |                   |                              |             |          |
| Total Depth:  | Plug Back          | Depth:             |         | Plug Back Metho  | od:                    |                   |                              |             |          |
| Geological Date:  |                    |                    |         |  |                        |                   |                              |             |          |
| Formation Name  | Formation To       | op Formation Base  |         |  | Completic              | on Information    |                              |             |          |
| 1   | At:                | to Feet            | Perfo   | ration Interval _  | to F                   | Feet or Open Hole | Interval                     | to          | Feet     |
| 2   | At:                | to Feet            | Perfo   | ration Interval_   | to F                   | Feet or Open Hole | Interval                     | to          | Feet     |
|   |                    |                    |         |  |                        |                   |                              |             |          |
| IINDED DENALTY OF DED II  | IDV I LEBEDV ATTEC | T TUAT TUE INCODMA | TION CO | NITAINEN HED   | EIN ISTOLIE AND C      | CODDECT TO THE I  | DECT OF MI                   | A NIVINI EI | DOE      |
|   |                    | Submitte           | ed Ele  | ctronically  | y                      |                   |                              |             |          |
| Do NOT Write in This<br>Space - KCC USE ONLY  |                    |                    | esults: |  | Date Plugged:          | Date Repaired:    | d: Date Put Back in Service: |             |          |
| Review Completed by:  |                    |                    | Comm    | nents:   |                        |                   |                              |             |          |
| TA Approved: Yes  | Denied Date: _     |                    |         |  |                        |                   |                              |             |          |

## Mail to the Appropriate KCC Conservation Office:

| there have been more than but and from many made one there is not  | 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 |
| Sime Street Street State State Street | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

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



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

Laura Kelly, Governor

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

October 08, 2019

Glenna Lowe Trans Pacific Oil Corporation 100 S MAIN ST STE 200 WICHITA, KS 67202-3735

Re: Temporary Abandonment API 15-135-24350-00-00 RUFENACHT, MINNIE 1 NW/4 Sec.33-17S-24W Ness County, Kansas

## Dear Glenna Lowe:

- "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 10/08/2020.
- \* 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 10/08/2020.

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

Very truly yours,

Michael Maier"