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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

| DPERATOR: License#   |                        |                      |           | API No. 15-   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|--|------------------------|----------------------|-----------|---|------------------|------------------------------|---------------------|-----------|--|-------|-------|----|--|--|--|--|--|--|--|--|
|  |                        |                      |           | Spot Description:   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Address 1:   |                        |                      |           |   | •                | Twp \$                       |                     | ]E []W    |  |       |       |    |  |  |  |  |  |  |  |  |
| Address 2:   |                        |                      |           |   |                  | feet from                    | . —                 |           |  |       |       |    |  |  |  |  |  |  |  |  |
| City:          State:          Contact Person:          Contact Person Email:          Field Contact Person: |                        |                      |           | feet from F / W Line of Section  GPS Location: Lat: (e.g. xx.xxxxx), Long: (e.gxxx.xxxxx) |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        |                      |           |   |                  |                              |                     |           | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil         Gas         OG         WSW         Other: |       |       |    |  |  |  |  |  |  |  |  |
|  |                        |                      |           | Field Contact Person Phone: ( )   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        |                      |           |   | Conductor        | Surface                      | Pro                 | duction   | Intermediate   | Liner | Tubir | ng |  |  |  |  |  |  |  |  |
| Size   |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Setting Depth  |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Amount of Cement   |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Top of Cement  |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Bottom of Cement   |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Casing Fluid Level from Surf   |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Do you have a valid Oil & Ga   |                        |                      |           | (ιορ)   | (bottom)         |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        | _                    |           |   | J                |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Depth and Type:  |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Type Completion: ALT.  | I ALT. II Depth o      | f: DV Tool:(depth)   | w/_       | sacks   | s of cement Por  | t Collar: \(\text{(depth)}\) | w / sack            | of cement |  |       |       |    |  |  |  |  |  |  |  |  |
| Packer Type:   |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Total Depth:   | Plug Bac               | k Depth:             |           | Plug Back Meth  | od:              |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Geological Date:   |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Formation Name   | Formation <sup>-</sup> | Top Formation Base   |           |   | Completi         | on Information               |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| l  |                        | ·                    | Perfo     | ration Interval   | ·                |                              | erval to            | Feet      |  |       |       |    |  |  |  |  |  |  |  |  |
| 2.   | At:                    | to Feet              |           | ration Interval   |                  | Feet or Open Hole Inte       |                     | Feet      |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| INDED DENALTY OF BED   | IIIBV I LIEBEDV ATTE   | CT TUAT TUE INCODMAT | TON CO    | NTAINED HED   | EIN IS TOLIE AND | COBBECT TO THE BEG           | ST OF MAY MAIOMI    | EDCE      |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        | Submitte             | d Ele     | ctronicall  | у                |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        |                      |           | ·   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   | Date Tested: Results:  |                      |           |   | Date Plugged:    | Date Repaired:               | Date Put Back in Se | ervice:   |  |       |       |    |  |  |  |  |  |  |  |  |
| Review Completed by:   |                        |                      | _ Comm    | nents:  |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| TA Approved: Yes   | Denied Date:           |                      |           |   |                  |                              |                     | _         |  |       |       |    |  |  |  |  |  |  |  |  |
|  | Defiled                |                      |           |   |                  |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                        | Mail to the Appr     | opriate l | KCC Conserv   | vation Office:   |                              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |

| from their trees now make the new finest trees make the large | 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 |  |
| See                       | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |  |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Laura Kelly, Governor

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

November 27, 2019

Don Kittle Kittle, Donald R. dba Kittle Oil 708 W 8TH AVE GARNETT, KS 66032-2176

Re: Temporary Abandonment API 15-003-22573-00-00 ROGERS/CARPENTER M-5 NE/4 Sec.07-21S-21E Anderson County, Kansas

## Dear Don Kittle:

- "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 11/27/2020.
- \* 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 11/27/2020.

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

Very truly yours,

Keith Carswell"