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

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#  |  |                               |                         | API No. 15-            |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
|---|--|-------------------------------|-------------------------|------------------------|--|--|--------------|---------|------|-----------------------|--|--|--|--|---|--|--|--|--|--|--|
| Name:   |  |                               |                         | Spot Description:      |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
|   |  |                               |                         | Sec Twp S. R 🗆 E 🔲 W   |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Address 2:  |  |                               |                         |                        |  | feet from  |              | -       |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| City:   |  |                               |                         |                        | feet from E / W Line of Section  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Contact Person:   |  |                               |                         | GPS Location: Lat:     |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
|   |  |                               |                         |                        |  |  |              |         |      | Field Contact Person: |  |  |  |  | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |  |  |  |  |  |  |
|   |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  | SWD Permit #: ENHR Permit #:                      |  |  |  |  |  |  |
|   | ,  |                               |                         | _                      | orage Permit #:  | Date Shut-   | In:          |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
|   |  |                               |                         | Spud Date.             | -  | Date Shut-   | л. — —       |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
|   | Conductor                                      | Surface                       | Pro                     | duction                | Intermediate   | Liner  |              | Tubing  |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Size  |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Setting Depth   |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Amount of Cement  |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Top of Cement   |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Bottom of Cement  |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Casing Fluid Level from Surficasing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type:   Type Completion:   ALT. | to w /w w /ws Lease? Yes Yes h Hole at (depth) | sacks of  No Tools in Hole at | cement,<br>Ca:<br>w / _ | tototosack             | w /w / | sacks of cements sacks sacks of cements sacks sacks of cements sacks sack | nent. Date:_ |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Packer Type:  | Size:  |                               | Inch                    | Set at:                | F  | eet  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Total Depth:  | Plug Bad                                       | ck Depth:                     |                         | Plug Back Meth         | ug Back Method:  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Geological Date:  |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Formation Name Formation Top Formation Base   |  |                               |                         | Completion Information |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| 1   | At:  | to Fe                         | et Perfo                | ration Interval        | to   | Feet or Open Hole I  | nterval      | to      | Feet |                       |  |  |  |  |   |  |  |  |  |  |  |
| 2   | At:  | to Fe                         | et Perfo                | ration Interval        | to   | Feet or Open Hole I  | nterval      | to      | Feet |                       |  |  |  |  |   |  |  |  |  |  |  |
| INDED BENALTY OF BED  | IIIDV I LIEDEDV ATTE                           |                               |                         | ctronicall             |  | CORRECT TO THE E   | PEST OF MV   | NIOWI E | DOE  |                       |  |  |  |  |   |  |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY  | Date Tested: Re                                |                               | Results:                |                        | Date Plugged:  | Date Plugged: Date Repaired: Date Put Back in Service:   |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| Review Completed by:  | Review Completed by: Comme                     |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
| TA Approved: Yes  | Denied Date:                                   |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |
|   |  |                               |                         |                        |  |  |              |         |      |                       |  |  |  |  |   |  |  |  |  |  |  |

## Mail to the Appropriate KCC Conservation Office:

| these base from two tops on and first many made was form   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 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 |
| Similar State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Laura Kelly, Governor

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

January 24, 2020

Randall Shelley Shelley, Randall D. 212 N. MARKET ST. SUITE 402 WICHITA, KS 67202-2017

Re: Temporary Abandonment API 15-009-04262-00-00 ROBL 5 SE/4 Sec.32-18S-11W Barton County, Kansas

## Dear Randall Shelley:

"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 01/24/2021.

- \* 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 01/24/2021.

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

Very truly yours,

**RICHARD WILLIAMS"**