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

## TEMPORARY ABANDONMENT WELL APPLICATION

| Name:   |                      |               |         |                 | API No. 15-                      |                 |                       |               |             |                |        |
|---|----------------------|---------------|---------|-----------------|----------------------------------|-----------------|-----------------------|---------------|-------------|----------------|--------|
|   |                      |               |         |                 | Spot Descri                      | ption:          |                       |               |             |                |        |
| Address 1:  |                      |               |         |                 |                                  | Se              | o                     | _ Twp         | S. R        | E              | w      |
| Address 2:  |                      |               |         |                 |                                  |                 |                       |               |             |                |        |
| City:   | State:               | Zip:          | +       |                 | feet from DE / W Line of Section |                 |                       |               |             |                |        |
| Contact Person:  Phone:()   |                      |               |         |                 | GPS Location: Lat:               |                 |                       |               |             |                |        |
|   |                      |               |         |                 |                                  |                 |                       |               |             |                |        |
| Field Contact Person:   |                      |               |         |                 | Well Type: (                     | check one) 🗌 C  | il Gas                | og ws         | SW Othe     | er:            |        |
| Field Contact Person Phone:   |                      |               |         |                 | SWD Pe                           | ermit #:        |                       | _ ENH         | R Permit #: |                |        |
| riola contact releast riolie.   | ()                   |               |         |                 |                                  | rage Permit #:_ |                       |               | .ln·        |                |        |
|   |                      |               |         |                 | Opud Date.                       |                 |                       | Date onat     |             |                |        |
|   | Conductor            | Surface       | e       | Pro             | duction                          | Intermedia      | te                    | Liner         |             | Tubing         |        |
| Size  |                      |               |         |                 |                                  |                 |                       |               |             |                |        |
| Setting Depth   |                      |               |         |                 |                                  |                 |                       |               |             |                |        |
| Amount of Cement  |                      |               |         |                 |                                  |                 |                       |               |             |                |        |
| Top of Cement   |                      |               |         |                 |                                  |                 |                       |               |             |                |        |
| Bottom of Cement  |                      |               |         |                 |                                  |                 |                       |               |             |                |        |
| Depth and Type:  Junk in Type Completion:  ALT. I Packer Type: Total Depth: | ALT. II Depth o      | of: DV Tool:  | (depth) | w / _<br>Inch : | sacks<br>Set at:                 | s of cement     | Port Collar<br>- Feet | :(depth)      |             |                | cement |
| Formation Name  | Formation            | Top Formation | Base    |                 |                                  | Comp            | letion Info           | rmation       |             |                |        |
| 1   | At:                  | to            | Feet    | Perfor          | ation Interval _                 | to              | Feet o                | r Open Hole I | Interval    | to             | Feet   |
| 2   | At:                  | to            | Feet    | Perfor          | ration Interval _                | to              | Feet o                | r Open Hole I | Interval    | to             | Feet   |
| IINDED BENALTV OF BED   | ILIDV I LIEDEDV ATTE |               |         |                 | ctronically                      |                 | ID COBBI              | ECTTOTUE E    | DEST OF M   | V KNOMI E      | DCE.   |
|   |                      |               | Deer    | ılter           |                                  | Data Dhana      | d: Da                 | te Repaired:  | Date Put    | Back in Sorvi  | ce:    |
| Do NOT Write in This<br>Space - KCC USE ONLY                                | Date Tested:         |               | Resi    |                 |                                  | Date Plugge     | u. — —                |               |             | Dack III Selvi |        |
|   |                      | _             |         |                 | ents:                            | Date Plugge     |                       | ·             |             | Dack III Gelvi |        |

## Mail to the Appropriate KCC Conservation Office:

| Street State Case was take the and hard being made were 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 |
| 100 100 100 100 100 100 100 100 100 100   | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Size that the first part of the part of the transport of the part | 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

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

April 15, 2020

Ray Gilbert Entransco Energy, LLC PO BOX 578 DEWEY, OK 74029-0578

Re: Temporary Abandonment API 15-133-26517-00-00 RON STAFFORD 18-2 SW/4 Sec.18-30S-18E Neosho County, Kansas

## Dear Ray Gilbert:

"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 04/15/2021.

- \* 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 04/15/2021.

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

Very truly yours,

Dallas Logan"