## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1: |                              |               |                 | API No. 15-            | API No. 15-         Spot Description:   |                            |        |        |  |
|-------------------------------------|------------------------------|---------------|-----------------|------------------------|---|----------------------------|--------|--------|--|
|                                     |                              |               |                 | Spot Descri            |   |                            |        |        |  |
|                                     |                              |               |                 | _                      |   |                            |        |        |  |
| Address 2:                          |                              |               |                 | _                      |   | feet from N / [            |        |        |  |
| City:                               | State:                       | Zip:          | +               |                        | feet from E / W Line of Section   |                            |        |        |  |
| Contact Person:                     |                              |               |                 | GF 5 LOCali            | GPS Location: Lat:      , Long:         Datum:       NAD27         NAD27       NAD83         WGS84         County:          Elevation:          Well #: |                            |        |        |  |
|                                     |                              |               |                 |                        |   |                            |        |        |  |
|                                     |                              |               |                 |                        |   |                            |        |        |  |
| Field Contact Person:               |                              |               |                 | Well Type: (           | check one) 🗌 (  | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 Oth | ner:   |        |  |
| Field Contact Person Phon           | e:()                         |               |                 |                        |   | ENHR Permit #              |        |        |  |
|                                     | ()                           |               |                 |                        |   |                            |        |        |  |
|                                     |                              |               |                 | Spud Date:             |   | Date Shut-In:              |        |        |  |
|                                     | Conductor                    | Surfac        | e               | Production             | Intermedia  | ate Liner                  | Tubing |        |  |
| Size                                |                              |               |                 |                        |   |                            |        |        |  |
| Setting Depth                       |                              |               |                 |                        |   |                            |        |        |  |
| Amount of Cement                    |                              |               |                 |                        |   |                            |        |        |  |
| Top of Cement                       |                              |               |                 |                        |   |                            |        |        |  |
| Bottom of Cement                    |                              |               |                 |                        |   |                            |        |        |  |
| Casing Fluid Level from Su          | rface:                       |               | _ How Determin  | ied?                   |   | Date:                      |        |        |  |
| Casing Squeeze(s):                  | to w                         | e/s           | acks of cement, | to                     | (bottom) w /  | sacks of cement. Date:     |        |        |  |
| Do you have a valid Oil & G         | as Lease? 🗌 Yes              | No            |                 |                        |   |                            |        |        |  |
| Depth and Type: 🗌 Junk              | in Hole at                   | Tools in Hole | e at            | Casing Leaks:          | Yes No  | Depth of casing leak(s):   |        |        |  |
|                                     |                              |               |                 |                        |   |                            |        | cement |  |
|                                     |                              |               |                 |                        |   | Port Collar: w /           |        | oomon  |  |
| Packer Type:                        | Size: .                      |               | I               | nch Set at:            |   | _ Feet                     |        |        |  |
| Total Depth:                        | Plug B                       | ack Depth:    |                 | Plug Back Meth         | od:   |                            |        |        |  |
| Geological Date:                    |                              |               |                 |                        |   |                            |        |        |  |
|                                     | Formation Top Formation Base |               |                 | Completion Information |   |                            |        |        |  |
| Formation Name                      |                              |               | Feet F          | Perforation Interval   | to  | Feet or Open Hole Interval | to     | Feet   |  |
| Formation Name                      | At:                          | to            |                 |                        |   |                            |        | _1001  |  |

## 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 De                          | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

|  | 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 |

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



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

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner Laura Kelly, Governor

June 30, 2020

RG Lowry Lowry Exploration, Inc. 616 S. BOSTON AVE. STE 402 TULSA, OK 74119-1216

Re: Temporary Abandonment API 15-189-22134-00-00 DUNNE-HOFFMANN 3-18 NE/4 Sec.18-34S-37W Stevens County, Kansas

Dear RG Lowry:

"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 06/30/2021.

\* 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 06/30/2021.

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

Very truly yours,

Scott Alberg"