KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

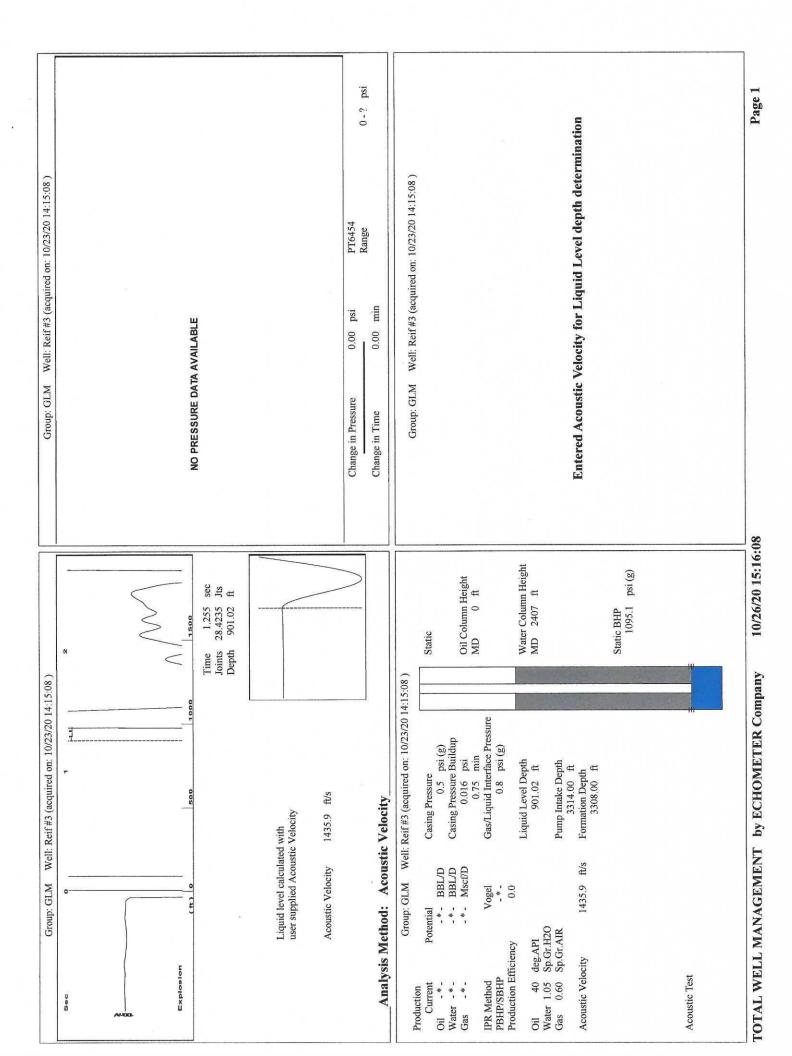
Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| Spot Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OPERATOR: License#   |                                                   |                                           |                          |               | API No. 15-       |                             |                     |              |                |                 |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------|-------------------------------------------|--------------------------|---------------|-------------------|-----------------------------|---------------------|--------------|----------------|-----------------|---------|
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                   |                                           |                          |               | Spot Descri       | iption:                     |                     |              |                |                 |         |
| State   Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                   |                                           |                          |               |                   | •                           |                     |              |                |                 | W       |
| Contract   Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                   |                                           |                          |               |                   |                             |                     | feet from    | N /            | S Line of S     | Section |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                   | GPS Location: Lat:, Long:, (e.gxxx.xxxxx) |                          |               |                   |                             |                     |              |                |                 |         |
| Phone: ( )   County: Elevation:   GL _ KB _ K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Lease Name:   Well   #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                   |                                           | Datum: NAD27 NAD83 WGS84 |               |                   |                             |                     |              |                |                 |         |
| Well Type: (check one)   Oil   Gas   OG   WSW   Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,,                   |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Size Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  (loop) to (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. |                      |                                                   |                                           |                          |               | SWD Pe            | ermit #:<br>orage Permit #: |                     |              | IR Permit #: - |                 |         |
| Size Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  Casing Squeeze(s):  (loop) to (bottom) w/ sacks of cement. Date:  (loop) to (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. Date:  Poper Casing Leaks:  Yes No Depth of casing leak(s):  (loop) w/ sacks of cement. Date:  (loop) w/ sacks of cement. |                      | Conductor                                         | Surfa                                     | ace                      | Pro           | duction           | Intermediat                 | e                   | Liner        |                | Tubina          |         |
| Amount of Cement    Dot of Cement   Dottom of Cemen | Size                 |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Top of Cement  Bottom of Cemen | Setting Depth        |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Bottom of Cement   Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Amount of Cement     |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Top of Cement        |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Casing Squeeze(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bottom of Cement     |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| Geological Date:  Formation Name  Formation Top Formation Base  Completion Information  At:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Depth and Type:      | n Hole at [   (depth)     ALT. II Depth     Size: | Tools in Ho                               | ol:(depth)               | w / _<br>Inch | sacks<br>Set at:  | s of cement F               | Port Collar<br>Feet |              |                |                 | cement  |
| Formation Name  Formation Top Formation Base  Completion Information  At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet  At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet  Submitted Electronically  Do NOT Write in This  Space - KCC USE ONLY  Review Completed by: Comments:  Comments: Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | тотаї Deptn:         | Plug Ba                                           | ск Deptn:                                 |                          | '             | Plug Back Metho   | oa:                         |                     | _            |                |                 |         |
| At: to Feet Perforation Interval to Feet or Open Hole Interval To  | · ·                  |                                                   |                                           |                          |               |                   |                             |                     |              |                |                 |         |
| At:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                   | •                                         |                          |               |                   | ·                           |                     |              |                |                 |         |
| Submitted Electronically  Do NOT Write in This Space - KCC USE ONLY  Review Completed by:  Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                    | At:                                               | to                                        | Feet                     |               |                   |                             |                     |              |                |                 |         |
| Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY  Review Completed by: Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                    | At:                                               | to                                        | Feet                     | Perfo         | ration Interval – | to                          | Feet o              | r Open Hole  | Interval       | to              | _Feet   |
| Space - KCC USE ONLY  Review Completed by: Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INDED DENALTY OF BED | IIIDVI UEDEDV ATTI                                |                                           |                          |               |                   |                             | D COBBE             | ECT TO THE   | DECT OF M      | A INVINI EU     | .∕E     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                   |                                           | Res                      | sults:        |                   | Date Plugge                 | d: Dat              | te Repaired: | Date Put       | Back in Service | :e:     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Review Completed by: |                                                   |                                           |                          | _ Comm        | ents:             |                             |                     |              |                |                 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Denied Date:                                      |                                           |                          |               |                   |                             |                     |              |                |                 |         |

## Mail to the Appropriate KCC Conservation Office:

| Stephen States States States States State State States Sta | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------|--|--|
| These than the same has been seen that the same than the s | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |  |
| The state of the s | 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 Dwight D. Keen, Commissioner Andrew J. French, Commissioner

October 30, 2020

Terry E. Morris Morris, Terry E. dba G L M Company PO BOX 193 RUSSELL, KS 67665-0193

Re: Temporary Abandonment API 15-167-20496-00-00 REIF 3 NW/4 Sec.20-15S-12W Russell County, Kansas

## Dear Terry E. Morris:

"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 10/30/2021.

- \* 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 10/30/2021.

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

Very truly yours,

**RICHARD WILLIAMS"**