Kansas Corporation Commission Oil & Gas Conservation Division

Form CF-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#                                                       |                          |                                                                      |                   |                               | API No. 15-                                              |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
|--------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------|-------------------|-------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------|--|----|--|-----|----------|--------------|-------|--------|
| Name:                                                                    |                          |                                                                      |                   |                               | Spot Description:                                        |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| Address 1:                                                               |                          |                                                                      |                   |                               |                                                          | •                                                                   |                                                                                | R                                    |                                                                                                            |  |    |  |     |          |              |       |        |
| Address 2:       State:       Zip:       +         Contact Person:       |                          |                                                                      |                   |                               |                                                          |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
|                                                                          |                          |                                                                      |                   |                               |                                                          |                                                                     |                                                                                |                                      |                                                                                                            |  | We |  |     |          |              |       |        |
|                                                                          |                          |                                                                      |                   |                               |                                                          |                                                                     |                                                                                |                                      | Well Type: (check one)  Oil  Gas  OG  WSW Other:  ENHR Permit #:  ENHR Permit #:  Syud Date: Date Shut-In: |  |    |  |     |          |              |       |        |
|                                                                          |                          |                                                                      |                   |                               |                                                          |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
|                                                                          |                          |                                                                      |                   |                               |                                                          | Conductor                                                           | Surfa                                                                          | ace                                  |                                                                                                            |  |    |  | Pro | oduction | Intermediate | Liner | Tubing |
|                                                                          |                          |                                                                      |                   |                               | Size                                                     |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
|                                                                          |                          |                                                                      |                   |                               | Setting Depth                                            |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
|                                                                          |                          |                                                                      |                   |                               | Amount of Cement                                         |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| Top of Cement                                                            |                          |                                                                      |                   |                               |                                                          |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| Bottom of Cement                                                         |                          |                                                                      |                   |                               |                                                          |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type: | As Lease? Yes  I Hole at | No Tools in Ho th of: DV Too Back Depth:  on Top Formatic to  to  to | on Base Feet Feet | Ca  W / _  Inch  Perfo  Perfo | sing Leaks: sack: Set at: Plug Back Meth ration Interval | Yes No Depth s of cement Port ( Fee  od:  Completion to Fee  to Fee | n of casing leak(s): w / Collar: w / et n Information eet or Open Hole Interva | sack of cement al to Feet al to Feet |                                                                                                            |  |    |  |     |          |              |       |        |
|                                                                          |                          |                                                                      | Submitte          | ed Ele                        | ctronicall                                               | У                                                                   |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| Do NOT Write in This<br>Space - KCC USE ONLY                             |                          |                                                                      |                   | sults:                        | Date Plugged: Date Repaired: Date Put Back in Service:   |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| Review Completed by:                                                     |                          |                                                                      |                   | _ Comn                        | nents:                                                   |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| TA Approved: Yes                                                         | Denied Da                | te:                                                                  |                   |                               |                                                          |                                                                     |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
|                                                                          |                          | Mail                                                                 | to the Appr       | opriate                       | KCC Conserv                                              | ation Office:                                                       |                                                                                |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
| Share State State State State State State States Salary States           | KCC D                    | KCC District Office #1 - 210 E. Frontview, Sui                       |                   |                               |                                                          | ty, KS 67801                                                        | Phone 620.682.7933                                                             |                                      |                                                                                                            |  |    |  |     |          |              |       |        |
|                                                                          | KCC D                    | KCC District Office #2 - 3450 N. Rock Road,                          |                   |                               |                                                          | Suite 601, Wichita, KS                                              | Phone 316.337.7400                                                             |                                      |                                                                                                            |  |    |  |     |          |              |       |        |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

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

January 11, 2021

Pat Thome Rains & Williamson Oil Co., Inc. P. O. Box 12746 WICHITA, KS 67277

Re: Temporary Abandonment API 15-167-22459-00-00 GREGORY 5 NW/4 Sec.05-14S-12W Russell County, Kansas

## Dear Pat Thome:

"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 01/11/2022.

- \* 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 01/11/2022.

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

Very truly yours,

**RICHARD WILLIAMS"**