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:   |                        |                    |          | 1 '   | •  |                           |                |           |  |                                 |
| Address 1:  |                        |                    |          |   |  | Twp S. R                  |                |           |  |                                 |
| Address 2:  |                        |                    |          |   |  | feet from N /             |                |           |  |                                 |
| City:   | State:                 | Zip: +             |          | GPS Location: Lat:, feet from E / W Line of Section, Long:, Long: |  |                           |                |           |  |                                 |
| Contact Person:   |                        |                    |          | Datum:  | (e.g. xx.xxxx<br>NAD27 NAD83                           | x)<br>] WGS84             | (e.gxxx.xxxxx) |           |  |                                 |
| Phone:( )   |                        |                    |          | County:   | Ele  | evation:                  | GI             | . KB      |  |                                 |
| Contact Person Email:                                   |                        |                    |          | Lease Name:   |  |                           |                |           |  |                                 |
|   |                        |                    |          |   |  |                           |                |           |  | Field Contact Person Phone: ( ) |
|   |                        |                    |          |   | · ·  | Date Shut-In:             |                |           |  |                                 |
|   | Conductor              | Surface            | Pro      | oduction  | Intermediate   | Liner                     | Tubing         | <br>J     |  |                                 |
| Size  |                        |                    |          |   |  |                           |                |           |  |                                 |
| Setting Depth   |                        |                    |          |   |  |                           |                |           |  |                                 |
| Amount of Cement  |                        |                    |          |   |  |                           |                |           |  |                                 |
| Top of Cement   |                        |                    |          |   |  |                           |                |           |  |                                 |
| Bottom of Cement  |                        |                    |          |   |  |                           |                |           |  |                                 |
| Casing Fluid Level from Sur                             |                        |                    |          |   |  |                           |                |           |  |                                 |
| Casing Squeeze(s):                                      | to w /                 | Sacks of ce        | e.ii.,   | (top)   | (bottom)   | Sacks of Cernetic. Date   |                |           |  |                                 |
| Do you have a valid Oil & G                             | as Lease?              | No                 |          |   |  |                           |                |           |  |                                 |
| Depth and Type:   | n Hole at              | Tools in Hole at   | Ca       | sing Leaks:   | Yes No Depth of  | of casing leak(s):        |                |           |  |                                 |
| Type Completion: ALT.                                   |                        |                    |          |   |  |                           |                | of cement |  |                                 |
| Packer Type:  |                        |                    |          |   |  | (depth)                   |                |           |  |                                 |
| Total Depth:  | Plug Bac               | k Depth:           |          | Plug Back Meth  | od:  |                           |                |           |  |                                 |
| Geological Date:  |                        |                    |          |   |  |                           |                |           |  |                                 |
| Formation Name  | Formation <sup>-</sup> | Top Formation Base |          |   | Completion I   | nformation                |                |           |  |                                 |
| 1   | At:                    | to Feet            | Perfo    | ration Interval   | to Fee   | t or Open Hole Interval _ | to             | Feet      |  |                                 |
| 2   |                        | to Feet            |          |   |  | t or Open Hole Interval _ |                | Feet      |  |                                 |
|   |                        |                    |          |   |  |                           |                |           |  |                                 |
| INDED DENALTY OF DED                                    | IIIBV I LIEBEBV ATTE   |                    |          |   |  | DECTTO THE DEST OF        | MA NIOWI E     | :DCE      |  |                                 |
|   |                        | Submitt            | ed Ele   | ctronicall  | у  |                           |                |           |  |                                 |
| Do NOT Write in This Date Tested:  Space - KCC USE ONLY |                        | R                  | Results: |   | Date Plugged: Date Repaired: Date Put Back in Service: |                           |                |           |  |                                 |
| Review Completed by:                                    |                        |                    | Comn     | nents:  |  |                           |                |           |  |                                 |
| TA Approved: Yes  |                        |                    |          |   |  |                           |                |           |  |                                 |
|   |                        |                    |          |   |  |                           |                |           |  |                                 |
|   |                        | Mail to the Ann    | ronriato | KCC Conserv   | ration Office:   |                           |                |           |  |                                 |

| Notes been from the total gas foots and made that the total  | 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. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner

March 05, 2021

Ron Cunningham Cunningham Crude, a General Partnership 3343 CR 2200 INDEPENDENCE, KS 67301-7235

Re: Temporary Abandonment API 15-125-22036-00-00 DALE POTTS 3 SW/4 Sec.22-34S-15E Montgomery County, Kansas

## Dear Ron Cunningham:

"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 03/05/2022.

- \* 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 03/05/2022.

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

Very truly yours,

Levi Burnett E.C.R.S."