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

|   |                       |                            |             | I               |                               |                       |   |
|---|-----------------------|----------------------------|-------------|-----------------|-------------------------------|-----------------------|---|
| OPERATOR: License#                                  |                       |                            |             | API No. 15      |                               |                       |   |
| Name:   |                       |                            |             |                 | ription:                      |                       |   |
| Address 1:  |                       |                            |             |                 |                               |                       | R                                       |
| Address 2:  |                       |                            |             | 1               |                               |                       | I / S Line of Section W Line of Section |
| City:   | State:                | Zip: +                     |             |                 | ion: Lat:                     |                       |   |
| Contact Person:                                     |                       |                            |             | Datum:          | (e.g. xx.xxxx)<br>NAD27 NAD83 | x)<br>WGS84           | (e.gxxx.xxxxx)                          |
| Phone:( )   |                       |                            |             |                 |                               |                       | GL                                      |
| Contact Person Email:                               |                       |                            |             | Lease Nan       | ne:                           | We                    | II #:                                   |
| Field Contact Person:                               |                       |                            |             |                 |                               |                       | Other:                                  |
| Field Contact Person Phone                          | e:()_                 |                            |             |                 |                               |                       | mit #:                                  |
|   | ,                     |                            |             |                 | orage Permit #:<br>:          |                       |   |
|   |                       |                            |             | Spud Date       |                               | Date Shut-in          |   |
|   | Conductor             | Surface                    | Pro         | oduction        | Intermediate                  | Liner                 | Tubing                                  |
| Size  |                       |                            |             |                 |                               |                       |   |
| Setting Depth                                       |                       |                            |             |                 |                               |                       |   |
| Amount of Cement                                    |                       |                            |             |                 |                               |                       |   |
| Top of Cement                                       |                       |                            |             |                 |                               |                       |   |
| Bottom of Cement                                    |                       |                            |             |                 |                               |                       |   |
| Casing Fluid Level from Su                          | rface:                | How D                      | etermined?  |                 |                               |                       | Date:                                   |
| Casing Squeeze(s):                                  |                       |                            |             |                 |                               |                       |   |
|   |                       | _                          |             | (top)           | (bottom)                      |                       |   |
| Do you have a valid Oil & G                         |                       | _                          |             |                 |                               |                       |   |
| Depth and Type:                                     | in Hole at            | Tools in Hole at           | Ca          | sing Leaks:     | Yes No Depth of               | f casing leak(s):     |   |
| Type Completion: ALT                                |                       |                            |             |                 |                               |                       |   |
| Packer Type:  |                       |                            |             |                 |                               | (depth)               |   |
| Total Depth:  | Plug Bad              | ck Denth:                  |             | Plug Back Meth  | ood:                          |                       |   |
|   | ug 2                  | <u></u>                    |             |                 |                               |                       |   |
| Geological Date:                                    |                       |                            |             |                 |                               |                       |   |
| Formation Name                                      | Formation             | Top Formation Base         |             |                 | Completion I                  | nformation            |   |
| 1   | At:                   | to Fee                     | et Perfo    | ration Interval | to Fee                        | t or Open Hole Interv | al toFeet                               |
| 2   | At:                   | to Fee                     | et Perfo    | ration Interval | to Fee                        | t or Open Hole Interv | al toFeet                               |
| LINDED DENALTY OF DE                                | O ILIDV I HEDEDV ATTE | CT TUAT TUE INCODM         | IATION CO   | NTAINED HE      | DEIN IS TOLIE AND COL         |                       | OE MV KNOW! EDGE                        |
|   |                       |                            |             |                 |                               |                       |   |
|   |                       | Submit                     | ted Ele     | ctronical       | У                             |                       |   |
|   |                       |                            |             |                 |                               |                       |   |
| Do NOT Write in This                                | Date Tested:          |                            | Results:    |                 | Date Plugged:                 | Date Repaired: Da     | te Put Back in Service:                 |
| Space - KCC USE ONLY                                |                       |                            | results.    |                 | Date i lugged.                | Date Repaired. Da     | te i ut back in dervice.                |
| •   |                       |                            |             |                 |                               |                       |   |
| Review Completed by:                                |                       |                            | Comn        | nents:          |                               |                       |   |
| TA Approved: Yes                                    | Denied Date:          |                            |             |                 |                               |                       |   |
|   |                       | Mail to the Ap             | propriate   | KCC Conser      | vation Office:                |                       |   |
| Strains Spine Street State State State and Spines w | KCC Distr             | ict Office #1 - 210 E. Fro | ontview, Su | ite A, Dodge C  | ity, KS 67801                 |                       | Phone 620.682.7933                      |
|   |                       |                            |             |                 | Suite 601, Wichita, KS 6      | 7226                  | 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

| lies / | A11 | A 11 | Description of | بي جي ه | 00 |
|--------|-----|------|----------------|---------|----|
|        | UΠ  | UN   |                | EH      | CO |

|  | ECHOMETER CON                  |
|--|--------------------------------|
| WELL SCANY 1-31 CASING PRESSURE O  AP AT PRODUCTION RATE 20:05:19 UTC 01/07/2021 | JOINTS TO LIQUID               |
| PANY PHONE-940-767-4334  |                                |
| COLLAR P-P mV 0.074 GENERA<br>A:10.0 PULSE<br>UPPER                              |                                |
| LIQUID P-P mV 0.552 11.6<br>A: 6.8 VOLTS   |                                |
|  |                                |
| ECHOME   | TER COMPANY PHONE-940-767-4334 |
|  | TER COMPANY PHONE-940-767-4334 |
|  |                                |
| IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   |                                |
| A:e:8  |                                |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Laura Kelly, Governor

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

May 10, 2021

Charles Kremeier CK Oil & Gas LLC 906 E. TRAPP ST. HERINGTON, KS 67449-8901

Re: Temporary Abandonment API 15-115-21403-00-00 SCULLY "A" 1-31 SE/4 Sec.31-18S-04E Marion County, Kansas

## Dear Charles Kremeier:

"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 05/10/2022.

- \* 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 05/10/2022.

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

Very truly yours,

Jerry Sparling"