KOLAR Document ID: 1603901

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

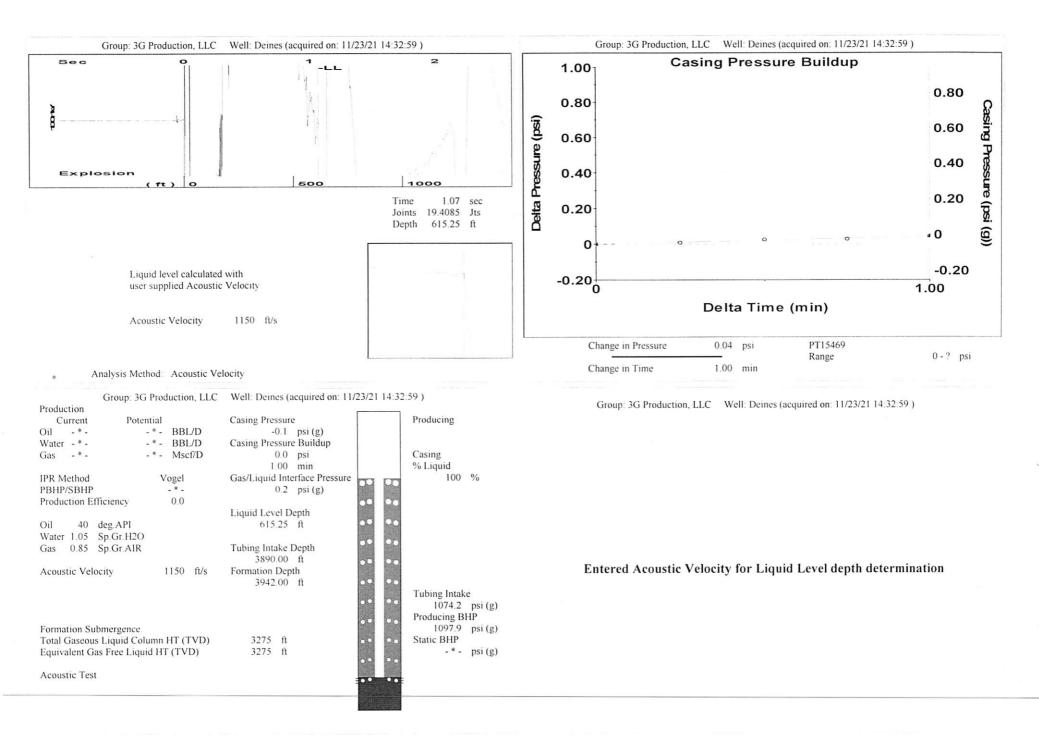
Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#                                                                                                         |                                           |                   |               |         | API No. 15-                                                                                                                                                                                                                                                                                                                                              |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|---------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------|-------------------|-----------|---------------|-----------|-------|----|-----|------------|-------------|-----------|---------|--------|---|
| Name:                                                                                                                      |                                           |                   |               |         | API No. 15-         Spot Description:         Sec.       Twp S. R E W                                                                                                                                                                                                                                                                                    |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             | feet from |         |        |   |
| Address 2:                                                                                                                 |                                           |                   |               |         | feet from DE / W Line of Section                                                                                                                                                                                                                                                                                                                         |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Contract Person:                                                                                                           |                                           |                   |               |         | GPS Location                                                                                                                                                                                                                                                                                                                                             | on: Lat:           | , Lc               | ong:        | (e.gxxx.xxxxx)    |           |               |           |       |    |     |            |             |           |         |        |   |
| Contact Person:  Phone:( )                                                                                                 |                                           |                   |               |         | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil Gas OG WSW Other:         Other:           SWD Permit #:         ENHR Permit #:           Gas Storage Permit #:         Storage Permit #: |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     | Spud Date: |             | Date S    | hut-In: |        |   |
|                                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               | Conductor | Surfa | ce | Pro | oduction   | Intermediat | e Li      | ner     | Tubing | 3 |
|                                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           | Size          |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           | Setting Depth |           |       |    |     |            |             |           |         |        |   |
| Amount of Cement                                                                                                           |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Top of Cement                                                                                                              |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Bottom of Cement                                                                                                           |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Casing Fluid Level from Surf                                                                                               | ace:                                      |                   | _ How Dete    | rmined? |                                                                                                                                                                                                                                                                                                                                                          |                    |                    | D           | )ate:             |           |               |           |       |    |     |            |             |           |         |        |   |
| Casing Squeeze(s):                                                                                                         | to w                                      | /                 | sacks of cem  | ent,    | to                                                                                                                                                                                                                                                                                                                                                       | W /                | sacks of           | cement. D   | )ate:             |           |               |           |       |    |     |            |             |           |         |        |   |
| Do you have a valid Oil & Ga                                                                                               | • • •                                     |                   |               |         | (100)                                                                                                                                                                                                                                                                                                                                                    | (bottom)           |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           |                   |               | 0       | –                                                                                                                                                                                                                                                                                                                                                        | ]v 🗀 v - =         |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Depth and Type:                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Type Completion: ALT.                                                                                                      | I ALT. II Depth                           | of: DV Too        | l:(depth)     | w/_     | sacks                                                                                                                                                                                                                                                                                                                                                    | of cement F        | Port Collar:       | w / .       | sack of           | of cement |               |           |       |    |     |            |             |           |         |        |   |
| Packer Type: Size: Inch                                                                                                    |                                           |                   |               |         | Set at:                                                                                                                                                                                                                                                                                                                                                  |                    | Feet               |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Total Depth:                                                                                                               | Plug Back Depth:                          |                   |               |         | Plug Back Method:                                                                                                                                                                                                                                                                                                                                        |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Geological Date:                                                                                                           |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Formation Name                                                                                                             | Formatio                                  | n Top Formation   | on Base       |         |                                                                                                                                                                                                                                                                                                                                                          | Comp               | letion Information |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| I                                                                                                                          | ·                                         |                   |               | Perfo   | erforation Interval to feet or Open Hole Interval to                                                                                                                                                                                                                                                                                                     |                    |                    |             |                   | Feet      |               |           |       |    |     |            |             |           |         |        |   |
| )                                                                                                                          |                                           | to                |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    | Feet or Open H     |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           | 10                | 1 000         | 1 0110  | ration interval                                                                                                                                                                                                                                                                                                                                          | 10                 |                    | ole interva |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| INDED DENALTY OF DED                                                                                                       | IIIDV I UEDEDV ATT                        | COT TU AT TUE     | INFORMATI     | ON CO   | NITAINEN HED                                                                                                                                                                                                                                                                                                                                             | EIN IC TOLIE AN    |                    | JE DEST A   | DE MV IZNOMI I    | EDCE      |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           | 5                 | Submitte      | d Ele   | ctronically                                                                                                                                                                                                                                                                                                                                              | /                  |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Do NOT Write in This                                                                                                       | o NOT Write in This Date Tested: Results: |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          | Date Plugge        | d: Date Repaire    | d. Date     | e Put Back in Ser | vice.     |               |           |       |    |     |            |             |           |         |        |   |
| Space - KCC USE ONLY                                                                                                       |                                           |                   |               | uno.    |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Review Completed by:                                                                                                       |                                           |                   |               | Comn    | nents:                                                                                                                                                                                                                                                                                                                                                   |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| TA Approved: Yes                                                                                                           | _                                         | :                 |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           | 88-**             |               | mulete! | V00 0 - · ·                                                                                                                                                                                                                                                                                                                                              | ation Office       |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             | Phone 620.68      | 2 7000    |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            |                                           |                   |               |         |                                                                                                                                                                                                                                                                                                                                                          |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|                                                                                                                            | KCC Dis                                   | trict Office #2 - | · 3450 N. Roc | к Road, | Building 600, S                                                                                                                                                                                                                                                                                                                                          | Suite 601, Wichita | a, KS 6/226        |             | Phone 316.33      | 37.7400   |               |           |       |    |     |            |             |           |         |        |   |

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

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

December 22, 2021

Kenneth C Gates 3G Production, LLC 10387 NE SR 61 PO BOX 847 PRATT, KS 67124-0847

Re: Temporary Abandonment API 15-195-21262-00-00 DEINES 26-34 NW/4 Sec.26-11S-24W Trego County, Kansas

## Dear Kenneth C Gates:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

## **High Fluid Level**

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 01/21/2022.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, RICHARD WILLIAMS KCC DISTRICT 4