Form CP-111

July 2017

Form must be Typed

Form must be signed

All blanks must be complete

Phone 620.682.7933

Phone 316.337.7400

Phone 620.902.6450

Phone 785.261.6250

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#  |                                       | API No. 15-           |                     |  |  |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
|---|---------------------------------------|-----------------------|---------------------|--|--|-----------------------------|------------|-----------------|-------|-----------------------|--|-----------|---------|---|---------------------|--------------|-------|--|--------|--|
| Name:   |                                       |                       |                     | Spot Description:                                      |  |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
| Address 1:  |                                       |                       |                     | ·  | Sec  | Twp                         | S. R       | [ E [           | W     |                       |  |           |         |   |                     |              |       |  |        |  |
| Address 2:  |                                       |                       |                     |  |  |                             | =          |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
| City:     State:     +       Contact Person:        Phone:  |                                       |                       |                     | GPS Location: Lat:                                     |  |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
|   |                                       |                       |                     |  |  |                             |            |                 |       | Contact Person Email: |  |           |         |   | Lease Name: Well #: |              |       |  |        |  |
|   |                                       |                       |                     |  |  |                             |            |                 |       | Field Contact Person: |  |           |         | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |                     |              |       |  |        |  |
| Field Contact Person Phone: ( )   |                                       |                       |                     |  |  |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
|   |                                       |                       |                     |  |  |                             |            |                 |       |                       |  | Conductor | Surface | Pro   | duction             | Intermediate | Liner |  | Tubing |  |
| Size  | Conductor                             | Guridee               | 110                 | duction  | mermediate   |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
| 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:  Junk in  Type Completion:  Packer Type:  Total Depth:  Geological Date:  Formation Name | as Lease? Yes Yes The Hole at (depth) | No Tools in Hole at   | Ca<br>w / _<br>Inch | sing Leaks: sacks Set at:                              | Yes No Depth s of cement Port C Fee od: Completion | of casing leak(s):  Collar: | w/         | sack of ce      | ement |                       |  |           |         |   |                     |              |       |  |        |  |
| l   | At: to Feet Perfo                     |                       |                     | oration Interval to Feet or Open Hole Interval to Feet |  |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
| 2   | At:                                   | to Feet               | Perfo               | ration Interval -                                      | to Fe  | eet or Open Hole            | Interval   | to              | Feet  |                       |  |           |         |   |                     |              |       |  |        |  |
| INDED DENALTY OF BED  | HIDVI HEDEDV ATTE                     |                       |                     | ctronically  |  | NDDECT TO THE E             | DEST OF MV | INIOMI EDO      | ·E    |                       |  |           |         |   |                     |              |       |  |        |  |
| Do NOT Write in This<br>Space - KCC USE ONLY  | Date Tested:                          | Date Tested: Results: |                     |  | Date Plugged:                                      | Date Repaired:              | Date Put B | ack in Service: | :     |                       |  |           |         |   |                     |              |       |  |        |  |
| Review Completed by:  TA Approved: Yes  |                                       |                       |                     |  |  |                             |            |                 | -     |                       |  |           |         |   |                     |              |       |  |        |  |
|   |                                       | Mail to the A         |                     | /CC C  | ration Officer                                     |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |
|   |                                       | Mail to the Appr      | opriate i           | VOC COURSELA   | ation onite.                                       |                             |            |                 |       |                       |  |           |         |   |                     |              |       |  |        |  |

KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801

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

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

KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 http://kcc.ks.gov/

Laura Kelly, Governor

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

June 13, 2023

Jonathan Allen IA Operating, Inc. 785 W. COVELL ROAD, SUITE 200 EDMOND, OK 73003-2389

Re: Temporary Abandonment API 15-051-27077-00-00 CHESNEY 8-1 SW/4 Sec.08-11S-16W Ellis County, Kansas

## Dear Jonathan Allen:

- "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 06/13/2024.
- \* 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 06/13/2024.

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

Very truly yours,

**RICHARD WILLIAMS"**