Form CP-111

July 2017

Form must be Typed

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| DPERATOR: License#   |                        |                      |           | API No. 15                      |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
|--|------------------------|----------------------|-----------|---------------------------------|------------------|------------------------------|---------------------|-----------|--|-------|-------|----|--|--|-----------------|--|--|--|--|--|
|  |                        |                      |           | Spot Description:               |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Address 1:   |                        |                      |           |                                 | •                | Twp \$                       |                     | ]E []W    |  |       |       |    |  |  |                 |  |  |  |  |  |
| Address 2:   |                        |                      |           |                                 |                  | feet from                    |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| City:          State:          Contact Person:          Contact Person Email:          Field Contact Person: |                        |                      |           | GPS Location: Lat:              |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        |                      |           |                                 |                  |                              |                     |           | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil         Gas         OG         WSW         Other: |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        |                      |           | Field Contact Person Phone: ( ) |                  |                              |                     |           |  |       |       |    |  |  | ☐ SWD Permit #: |  |  |  |  |  |
|  |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        |                      |           |                                 | Conductor        | Surface                      | Pro                 | duction   | Intermediate   | Liner | Tubir | ng |  |  |                 |  |  |  |  |  |
| Size   |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Setting Depth  |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Amount of Cement   |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Top of Cement  |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Bottom of Cement   |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Casing Fluid Level from Surf   |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Do you have a valid Oil & Ga   |                        |                      |           | (ιορ)                           | (bottom)         |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        | _                    |           |                                 | J                |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Depth and Type:  |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Type Completion: ALT.  | I ALT. II Depth o      | f: DV Tool:(depth)   | w/_       | sacks                           | s of cement Por  | t Collar: \(\text{(depth)}\) | w / sack            | of cement |  |       |       |    |  |  |                 |  |  |  |  |  |
| Packer Type:   |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Total Depth:   | Plug Bac               | k Depth:             |           | Plug Back Meth                  | od:              |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Geological Date:   |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Formation Name   | Formation <sup>-</sup> | Top Formation Base   |           |                                 | Completi         | on Information               |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| l  |                        | ·                    | Perfo     | ration Interval                 | ·                |                              | erval to            | Feet      |  |       |       |    |  |  |                 |  |  |  |  |  |
| 2.   | At:                    | to Feet              |           | ration Interval                 |                  | Feet or Open Hole Inte       |                     | Feet      |  |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| INDED DENALTY OF BED   | IIIBV I LIEBEDV ATTE   | CT TUAT TUE INCODMAT | TON CO    | NTAINED HED                     | EIN IS TOLIE AND | COBBECT TO THE BEG           | ST OF MAY MAIOMI    | EDCE      |  |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        | Submitte             | d Ele     | ctronicall                      | у                |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        |                      |           | ·                               |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   |                        |                      |           |                                 | Date Plugged:    | Date Repaired:               | Date Put Back in Se | ervice:   |  |       |       |    |  |  |                 |  |  |  |  |  |
| Review Completed by:   |                        |                      | _ Comm    | nents:                          |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
| TA Approved: Yes   | Denied Date:           |                      |           |                                 |                  |                              |                     | _         |  |       |       |    |  |  |                 |  |  |  |  |  |
|  | Defiled                |                      |           |                                 |                  |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |
|  |                        | Mail to the Appr     | opriate l | KCC Conserv                     | vation Office:   |                              |                     |           |  |       |       |    |  |  |                 |  |  |  |  |  |

| these had been not take the and from home and was been been  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The contract of the contract o | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

## 10/17/2024

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

Re: Temporary Abandonment API 15-151-20857-00-00 GREENSTREET 1 SW/4 Sec.31-27S-13W Pratt County, Kansas

## Dear Kenneth C Gates:

"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 10/17/2025.

- \* 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 10/17/2025.

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

Very truly yours,

Michael Maier"