KANSAS CORPORATION COMMISSION 1044618

Form CP-111 March 2009 Form must be Typed Form must be signed All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# | | | | API No. 15- | | | | | |
|-----------------------------|--------------------|--------------------|-------------------|--------------------|-----------------|----------------------------|--------|-----------|--|
| Name: | | | Spot Description: | | | | | | |
| Address 1: | | | | | | Twp S. R. | | | |
| Address 2: | | | | | | feet from N / | | | |
| City: | State: | Zip: + | | | | feet from L E / | | | |
| Contact Person: | | | | GPS Location: Lat: | | | | | |
| | | | | | | | | | |
| Field Contact Person: | | | | | | Gas OG WSW C | | | |
| Field Contact Person Phon | e:() | | | | | ENHR Permit | t #: | | |
| | | | | | orage Permit #: | Date Shut-In: | | | |
| | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing | g | |
| Size | | | | | | | | | |
| Setting Depth | | | | | | | | | |
| Amount of Cement | | | | | | | | | |
| Top of Cement | | | | | | | | | |
| Bottom of Cement | | | | | | | | | |
| Casing Fluid Level: | He | ow Determined? | | | | Date: | | | |
| Casing Squeeze(s): | to w / | sacks of ce | ment, | to | (bottom) w / | sacks of cement. Da | te: | | |
| Do you have a valid Oil & G | Bas Lease? 🗌 Yes 🗌 | No | | | | | | | |
| Depth and Type: 🗌 Junk | in Hole at | ☐ Tools in Hole at | – Ca | sing Leaks: | Yes No De | pth of casing leak(s): | | | |
| Type Completion: | .I ALT. II Depth o | f: DV Tool: | w/ | sacks | s of cement Por | rt Collar: w / | sack | of cement | |
| Packer Type: | | | | | | | | | |
| Total Depth: | Plug Bac | k Depth: | | Plug Back Meth | od: | | | | |
| Geological Data: | | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Complet | ion Information | | | |
| 1 | At: | to Feet | Perfo | ration Interval | to | Feet or Open Hole Interval | to | Feet | |
| 2 | At: | to Feet | Perfo | ration Interval - | to | Feet or Open Hole Interval | to | Feet | |

Submitted Electronically

| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Results: | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by: | | Comments: | | TA | Approved: Yes Denied |

Mail to the Appropriate KCC Conservation Office:

| former same loss and rate and have been and same to be | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 |
|--|--|--------------------|
| | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720 | Phone 620.432.2300 |
| | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.625.0550 |
| Anno local and and local local local local local local local local | Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226 | Phone 316.734.4933 |