KANSAS CORPORATION COMMISSION 1155388

Form CP-111 June 2011 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.225.8888

Phone 316.630.4000

Phone 620.432.2300

Phone 785.625.0550

| OPERATOR: License# | | | | API No. 15- | | | | | |
|--|------------------------|--------------------|-------------|---|--|----------------------|--------------|-----------|--|
| Name: | | | | Spot Description: | | | | | |
| Address 1: | | | | | · Sec | Twp | . S. R | _ | |
| Address 2: | | | | feet from N / S Line of Section feet from E / W Line of Section | | | | | |
| City: | | | | GPS Location: Lat:, Long:, (e.g. xx.xxxxx) | | | | | |
| Contact Person: | | | | (e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84 | | | | | |
| Phone:() | | | | | | _ Elevation: | | ☐ GL ☐ KB | |
| Contact Person Email: | | | | Lease Name: Well #: | | | | | |
| Field Contact Person: | | | | Well Type: (check one) Oil Gas OG WSW Other: | | | | | |
| Field Contact Person Phone: () | | | | SWD Permit #: ENHR Permit #: | | | | | |
| | | | | | Spud Date: Date Shut-In: | | | | |
| | Conductor | Surface | Pro | duction | Intermediate | Liner | | Tubing | |
| Size | | | | | | | | | |
| Setting Depth | | | | | | | | | |
| Amount of Cement | | | | | | | | | |
| Top of Cement | | | | | | | | | |
| Bottom of Cement | | | | | | | | | |
| Depth and Type: | T. I ALT. II Depth o | f: DV Tool:(depth) | w / Inch | Set at: | s of cement Pol | rt Collar:(depth) | | | |
| Geological Date: | | | | | | | | | |
| Formation Name Formation Top Formation Base | | | | Completion Information | | | | | |
| 1 | At: | to Feet | Perfo | ration Interval | to | Feet or Open Hole In | terval1 | ioFeet | |
| 2 | At: | to Feet | Perfo | ration Interval | to | Feet or Open Hole In | terval f | toFeet | |
| IINDED DENALTY OF DE | D IIIDV I LIEDEDV ATTE | | | ctronicall | | CORRECT TO THE RE | OT OF MV VAI | OWI EDGE | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | e Tested: Results: | | | Date Plugged: Date Repaired: Date Put Back in Service: | | | | |
| Review Completed by: | | | Comn | nents: | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | |
| | | Mail to the Appr | ropriate | KCC Conserv | ation Office: | | | | |
| | | | | | | | | | |

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

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

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

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