June 2011 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete OPERATOR: License# _____ API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W Address 1: _____ feet from N / S Line of Section Address 2: _____ feet from E / W Line of Section ______ State: _____ Zip: _____ + __ _ _ _ _ Contact Person: ___ Datum: NAD27 NAD83 WGS84 Phone:(_____) __ _____ Elevation: ____ ____ GL KB Lease Name: ___ Contact Person Email: ___ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: ___ Field Contact Person Phone: (_____) ____ Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: _ Tubing Conductor Surface Production Intermediate Liner Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement** Casing Fluid Level from Surface:_____ ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Do you have a valid Oil & Gas Lease? Yes No Depth and Type:

Junk in Hole at _____ Tools in Hole at ____ Casing Leaks: Yes No Depth of casing leak(s): _____ Type Completion: ALT. I Depth of: DV Tool: _____w / ____ sacks of cement Port Collar: ____w / ____ sack of cement __ Size: __ Packer Type: ___ _ Inch Set at: ___ ___ Plug Back Method: ___ Total Depth: Plug Back Depth: ___ Geological Date: **Formation Name** Formation Top Formation Base Completion Information ___ At: _____ to _____ Feet Perforation Interval ____ ____to_____ Feet or Open Hole Interval _____ to _____ Feet _____ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____ INDER DENALTY OF DED HIDV I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE DEST OF MY KNOW! EDGE Submitted Electronically Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY Review Completed by: ___

Mail to the Appropriate KCC Conservation Office:

TA Approved: Yes Denied

Date: ___



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



Phone: 620-225-8888 Fax: 620-225-8885 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

June 24, 2014

Tripp Markwell ELM III Operating Company LLC 1249 E. 33RD EDMOND, OK 73013

Re: Temporary Abandonment API 15-185-23521-00-00 MARY FISCHER 1 SE/4 Sec.06-22S-11W Stafford County, Kansas

Dear Tripp Markwell:

"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 06/24/2015.

- * 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 06/24/2015.

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

Very truly yours,

Steve Pfeifer"