Form CP-111 June 2011 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:                                   |   |                    |  |                            | · Sec            | Twp S.                  | R             | $E \ \square  W$ |  |  |  |  |  |  |  |
| Address 2:                                   |   |                    |  |                            |                  | feet from [ ]           |               |                  |  |  |  |  |  |  |  |
| City:  | State:                                  | _ Zip: +           |  |                            | feet from L ong: |                         |               |                  |  |  |  |  |  |  |  |
| Contact Person:                              |   |                    |  | GPS Location:         Lat: |                  |                         |               |                  |  |  |  |  |  |  |  |
| Phone:( )                                    |   |                    | County:  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Contact Person Email:                        |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Field Contact Person:                        |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Field Contact Person Phon                    | e:()                                    |                    |  | l                          |                  | ENHR Per                | rmit #:       |                  |  |  |  |  |  |  |  |
|  | ,                                       |                    |  | _                          | orage Permit #:  |                         |               |                  |  |  |  |  |  |  |  |
|  |   |                    |  | Spud Date.                 |                  | Date Shut-In:           |               |                  |  |  |  |  |  |  |  |
|  | Conductor                               | Surface            | Pro  | oduction                   | Intermediate     | Liner                   | Tubing        | 9                |  |  |  |  |  |  |  |
| Size   |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Setting Depth                                |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Amount of Cement                             |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Top of Cement                                |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Bottom of Cement                             |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Do you have a valid Oil & C  Depth and Type: | in Hole at(depth)  I. I ALT. II Depth o | Tools in Hole at   | w / _  | Set at:                    | s of cement Port | Collar: w depth)        |               |                  |  |  |  |  |  |  |  |
|  | 1 ldg 5d                                | ok Bopuii.         |  | r rug Buok Mour            | od               |                         |               |                  |  |  |  |  |  |  |  |
| Geological Date:                             |   |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Formation Name                               |   | Top Formation Base |  |                            | '                | on Information          |               |                  |  |  |  |  |  |  |  |
| 1  |   | to Feet            |  |                            |                  | eet or Open Hole Interv |               |                  |  |  |  |  |  |  |  |
| 2  | At:                                     | to Feet            | Perfo  | ration Interval -          | to F             | eet or Open Hole Interv | /al to        | Feet             |  |  |  |  |  |  |  |
| UNDER REMAITY OF RE                          | D IIIDV I LIEDEDV ATTE                  |                    |  | ctronicall                 |                  | ABBEATTA THE BEST       | OE MA NIOMI I | EDCE             |  |  |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:                            | R                  | Date Plugged: Date Repaired: Date Put Back in Service: |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
| Review Completed by:                         |   |                    | Comn   | nents:                     |                  |                         |               |                  |  |  |  |  |  |  |  |
| TA Approved: Yes                             | Denied Date:                            |                    |  |                            |                  |                         |               |                  |  |  |  |  |  |  |  |
|  |   | Mail carlos A      |  | V00 0                      | ration Office    |                         |               |                  |  |  |  |  |  |  |  |
|  |   | Mail to the App    | ropriate   | KCC Conserv                | ation Office:    |                         |               |                  |  |  |  |  |  |  |  |

| There had been too the too and held took took took took took took took too   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| There has been and be to the same the s | KCC District Office #2 / UPGS - 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 |
| Name Name   Name | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
316-624-4505

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|-----|---------------|-------------|-------------|--------------|--|--|--|--|--|--|--|--|--|--|--|
|     | COUNTY KEARNY | LOCATION_   | WELL NAME   | PRODUCER_    |  |  |  |  |  |  |  |  |  |  |  |
|     | KEARNY        | 36-22S-38W  | CAMPBELL #2 | PRAIRY ENERG |  |  |  |  |  |  |  |  |  |  |  |
|     | STATE KS      |             |             | Y            |  |  |  |  |  |  |  |  |  |  |  |
|     | KS            |             |             |              |  |  |  |  |  |  |  |  |  |  |  |
| 3   | KS PROVER     | PERFS       | TBG         | CSG          |  |  |  |  |  |  |  |  |  |  |  |
| API | METER         | ا<br>ت<br>ا | WT          | WT           |  |  |  |  |  |  |  |  |  |  |  |
| ا ه | TAPS          | ;<br>;<br>; | SET®        | SET @        |  |  |  |  |  |  |  |  |  |  |  |

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|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      | 1015                                    | 7-23-14                            | WEDNESDAY |                             | -   |
|---|---|--|---|--|--|--|--|--|--|---|---|---|--------------|-------------|------------------|----------------------|---|------------------------------------|-----------|-----------------------------|---|
|   |   |  |   |  |  |  |  |  |  | 1 |   | _ |              |             |                  |                      |   |                                    |           | HOUR                        | ELAP  |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      | 2.8                                     |                                    |           | PSIG                        |   |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | ΔP<br>CSG                   | WEL   |
| 1 | : |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      | PUMP OFF                                |                                    |           | TBG<br>PSIG                 | LHEAD P   |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | ΔP<br>TBG                   | WELLHEAD PRESSURE DATA  |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | BHP<br>PSIG                 | DATA  |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | ΔР<br>ВНР                   |   |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | PRESS<br>PSIG               | Z   |
|   |   |  |   |  |  |  |  |  |  |   | 1 |   |              |             |                  |                      |   |                                    |           | DIFF.                       | ASUREN  |
|   |   |  | İ |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | TEMP                        | MEASUREMENT DATA  |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | MCFD                        | Ά   |
|   |   |  |   |  |  |  |  |  |  |   |   |   |              |             |                  |                      |   |                                    |           | COND<br>BBLS.               | LIQUIDS   |
|   |   |  |   |  |  |  |  |  |  |   |   |   | !            |             |                  |                      |   |                                    |           | WATER<br>BBLS.              | JIDS  |
|   |   |  |   |  |  |  |  |  |  |   |   |   | 2 75.0 2363' | 1 75.0 2363 | # FLUID TO FLUID | SHOT JTS TO DISTANCE | CONDUCT LIQUID LEVEL DETERMINATION TEST | ASSUME AVERAGE JT. LENGTH = 31.50' |           | REMARKS PERTINENT TO TEST D | TYPE INITIAL SPEICAL ENDING TEST: ANNI AI RETEST DATE 7.23-14 |

Page\_

| | | 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

July 31, 2014

Robert I. Greenberg Prairie Energy LC 1240 GLENBROOK DR OKLAHOMA CITY, OK 73118-1033

Re: Temporary Abandonment API 15-093-20544-00-00 CAMPBELL 2 NW/4 Sec.36-22S-38W Kearny County, Kansas

## Dear Robert I. Greenberg:

"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 07/31/2015.

- \* 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 07/31/2015.

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

Very truly yours,

Michael Maier"