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  | ; T                  | wp S. F            | R [            | EW           |  |                       |
| Address 2: State: Zip: +                  |                       |                     |             | feet from N / S Line of Section feet from E / W Line of Section |  |                      |                    |                |              |  |                       |
|   |                       |                     |             |   |  |                      |                    |                |              |  | Contact Person:       |
| Phone:( )                                 |                       |                     |             | County: Elevation: GL  KB Lease Name: Well #:                   |  |                      |                    |                |              |  |                       |
|   |                       |                     |             |   |  |                      |                    |                |              |  | Field Contact Person: |
| Field Contact Person Phone: ( )           |                       |                     |             |   | SWD Permit #: ENHR Permit #:                                       |                      |                    |                |              |  |                       |
| ,   |                       |                     |             |   | ☐ Gas Storage Permit #:           Spud Date:         Date Shut-In: |                      |                    |                |              |  |                       |
|   | Conductor             | Surface             | Pro         | oduction  | Intermedia   | e                    | Liner              | Tub            | ping         |  |                       |
| Size                                      |                       |                     |             |   |  |                      |                    |                |              |  |                       |
| Setting Depth                             |                       |                     |             |   |  |                      |                    |                |              |  |                       |
| Amount of Cement                          |                       |                     |             |   |  |                      |                    |                |              |  |                       |
| Top of Cement                             |                       |                     |             |   |  |                      |                    |                |              |  |                       |
| Bottom of Cement                          |                       |                     |             |   |  |                      |                    |                |              |  |                       |
| Depth and Type:                           | ALT. II Depth o       | of: DV Tool:(depth) | w /<br>Inch | Set at:   | s of cement  | Port Collar:<br>Feet |                    |                | ck of cement |  |                       |
| Formation Name                            | Formation             | Top Formation Base  |             |   | Comp   | letion Inform        | ation              |                |              |  |                       |
|   |                       | ·                   |             | ration Interval   | •  |                      | Dpen Hole Interval | l to           | Foot         |  |                       |
| 2   |                       | to Feet             |             |   |  |                      | Open Hole Interval |                |              |  |                       |
| INDER BENALTY OF RE                       | O IIIDV I UEDEDV ATTE |                     |             | ectronicall   |  | D COBBEC             | TTATUE BEST 6      | NE BAV IZBIOIA | " EDGE       |  |                       |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested:          | Re                  |             | Date Plugge   | d: Date f  | Repaired: Date       | e Put Back in S    | Service:       |              |  |                       |
| Review Completed by: TA Approved: Yes     | _                     |                     |             |   |  |                      |                    |                |              |  |                       |
|   | •                     | Mallando - A        |             | VCC 0   | ration Off   |                      |                    |                |              |  |                       |
|   |                       | Mail to the App     | ropriate    | NUU Uonser  | ration Office:   |                      |                    |                |              |  |                       |

| from take that the take take as and take below that were the pro-  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |  |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |  |
| Sime from the first too too too too too too too too too t  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-625-0550 Fax: 785-625-0564 http://kcc.ks.gov/

Sam Brownback, Governor

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

December 22, 2014

Jeremiah J. Burton Hewitt Energy Group, Inc. 175 S. MAIN ST., STE 900 SALT LAKE CITY, UT 84111-2149

Re: Temporary Abandonment API 15-167-21216-00-00 NEIDENTHAL 12 NE/4 Sec.23-14S-15W Russell County, Kansas

## Dear Jeremiah J. Burton:

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 12/22/2015.

Your exception application expires on 9/18/2017 DOCKET NO. 14-CONS-915-CEXC.

- \* 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 12/22/2015.

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

Very truly yours,

**RICHARD WILLIAMS**