Form CP-111 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: |                         |   |            |                  |                              |           |         |     |         |  |       |      |        |  |
|--|--|---------------------|----------------------|-------------------------------|-------------------------|---|------------|------------------|------------------------------|-----------|---------|-----|---------|--|-------|------|--------|--|
|  |  |                     |                      |                               |                         |   |            |                  | Address 1:                   |           |         |     |         | Sec.   | Twp   | S. R |        |  |
| Address 2:   |  |                     |                      |                               |                         |   |            |                  |                              |           |         |     |         |  |       |      |        |  |
|  |  |                     |                      |                               |                         |   |            |                  | SWD Permit #: ENHR Permit #: |           |         |     |         |  |       |      |        |  |
|  |  |                     |                      |                               |                         |   |            |                  | ,                            |           |         |     |         | ☐ Gas Storage Permit #:           Spud Date:         Date Shut-In: |       |      |        |  |
|  |  |                     |                      |                               |                         |   |            |                  |                              | Conductor | Surface | Dro | duction | Intermediate   | Liner |      |        |  |
|  |  |                     |                      |                               |                         |   |            |                  | Size                         | Conductor | Surface | PIO | duction | memediale  | Liner |      | Tubing |  |
|  |  |                     |                      |                               |                         |   |            |                  | Setting Depth                |           |         |     |         |  |       |      |        |  |
|  |  |                     |                      | Amount of Cement              |                         |   |            |                  |                              |           |         |     |         |  |       |      |        |  |
| Top of Cement  |  |                     |                      |                               |                         |   |            |                  |                              |           |         |     |         |  |       |      |        |  |
| Bottom of Cement   |  |                     |                      |                               |                         |   |            |                  |                              |           |         |     |         |  |       |      |        |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & G  Depth and Type:  Junk  Type Completion:  ALT  Packer Type:  Total Depth:  Geological Date: | in Hole at [depth] I ALT. II Depth Size: Plug Ba | No Tools in Hole at | Cas<br>w / _<br>Inch | sing Leaks: sacks             | Yes No Desof cement Poi | pth of casing leak(s): rt Collar:(depth) Feet |            |                  |                              |           |         |     |         |  |       |      |        |  |
| Formation Name   |  | Top Formation Base  |                      |                               | •                       | tion Information                              |            |                  |                              |           |         |     |         |  |       |      |        |  |
| 1  |  |                     |                      |                               |                         | Feet or Open Hole                             |            |                  |                              |           |         |     |         |  |       |      |        |  |
| 2  | At:  | to Feet             | Perfo                | ration Interval -             | to                      | Feet or Open Hole                             | Interval   | toFeet           |                              |           |         |     |         |  |       |      |        |  |
| IINDED DENALTY OF DEE  | S IIIBV I UEDEDV ATTI                            |                     |                      | ctronically                   |                         | CORRECT TO THE I                              | DECT OF MY | V KNOWI EDGE     |                              |           |         |     |         |  |       |      |        |  |
| Do NOT Write in This Space - KCC USE ONLY  | Date Tested:                                     | Results:            |                      |                               | Date Plugged:           | Date Repaired:                                | Date Put B | Back in Service: |                              |           |         |     |         |  |       |      |        |  |
| Review Completed by:   |  |                     | Comm                 | ents:                         |                         |   |            |                  |                              |           |         |     |         |  |       |      |        |  |
| TA Approved: Yes   | Denied Date:                                     |                     |                      |                               |                         |   |            |                  |                              |           |         |     |         |  |       |      |        |  |
|  |  | Mail to the App     | ropriate l           | CC Conserv                    | ration Office:          |   |            |                  |                              |           |         |     |         |  |       |      |        |  |

| from take last too too too to and from gamps made and first last   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| 1000 1000 1000 1000 1000 1000 1000 100   | 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 |
| Base Street System State State System States | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

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

January 13, 2015

Jason Dinges
Dinges, Jason dba J & D Investment Co.
1584 SMOKY HILL RIVER RD
HAYS, KS 67601-9676

Re: Temporary Abandonment API 15-185-11041-00-00 HARTSELL A 1 SE/4 Sec.34-25S-12W Stafford County, Kansas

## Dear Jason Dinges:

"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 01/13/2016.

- \* 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 01/13/2016.

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

Very truly yours,

Michael Maier"