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    | W      |                       |  |  |  |   |  |  |  |  |  |
| Address 2:   |                      |                     |          |                              |  | feet from               | = =          |        |        |                       |  |  |  |   |  |  |  |  |  |
| City: State: Zip: +         Contact Person:         Phone: ( ) |                      |                     |          | GPS Location: Lat:           |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
|  |                      |                     |          |                              |  |                         |              |        |        | 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 #: |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| ,  |                      |                     |          |                              | Gas Storage Permit #:  Spud Date: Date Shut-In:        |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
|  |                      |                     |          | Opud Date.                   |  | Date ondi-              |              |        |        |                       |  |  |  |   |  |  |  |  |  |
|  | Conductor            | Surface             | Pro      | oduction                     | Intermediate   | Liner                   |              | Tubing |        |                       |  |  |  |   |  |  |  |  |  |
| Size   |                      |                     |          |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Setting Depth  |                      |                     |          |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Amount of Cement   |                      |                     |          |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Top of Cement  |                      |                     |          |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Bottom of Cement   |                      |                     |          |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Depth and Type:  | .I ALT. II Depth o   | f: DV Tool:(depth)  | w / _    | Set at:                      | s of cement Por  | t Collar:(depth)<br>eet |              |        | cement |                       |  |  |  |   |  |  |  |  |  |
| Geological Date:   |                      |                     |          |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Formation Name   | Commetice.           | Top Formation Base  |          |                              | Campulati  | an Information          |              |        |        |                       |  |  |  |   |  |  |  |  |  |
|  |                      | •                   | Dorfo    | ration Interval              | •  | on Information          | Inton (a)    | to     | Foot   |                       |  |  |  |   |  |  |  |  |  |
| 1  |                      | to Feet             |          |                              |  | Feet or Open Hole I     |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| <u> </u>   | At:                  | to reet             | Perio    | ration interval.             | 10   | Feet or Open Hole I     | ntervai      | _ 10   | Feet   |                       |  |  |  |   |  |  |  |  |  |
| INDED DENALTY OF DEE   | IIIDV I LIEDEDV ATTE | OT THAT THE INCODMA | TION CO  | NTAINED HED                  | DEIN ISTRIIE AND                                       | CODDECT TO THE D        | ECT OF MIV I | NOW! E | DOE.   |                       |  |  |  |   |  |  |  |  |  |
|  |                      | Submitte            | ed Ele   | ctronicall                   | у  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Do NOT Write in This Space - KCC USE ONLY                      | Date Tested:         | Tested: Results:    |          |                              | Date Plugged: Date Repaired: Date Put Back in Service: |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| Review Completed by:   |                      |                     | Comn     | nents:                       |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
| TA Approved: Yes   | Denied Date:         |                     |          |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
|  |                      | Mail to the App     | ropriate | KCC Conserv                  | vation Office:   |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |
|  |                      |                     | •        |                              |  |                         |              |        |        |                       |  |  |  |   |  |  |  |  |  |

| these had been not take the and from home and was been been  | 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 contract of the contract o | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
|  | 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

June 29, 2015

Cheryl Gallagher Caerus Washco LLC 600 17TH STREET SUITE 1600N DENVER, CO 80202

Re: Temporary Abandonment API 15-023-20294-00-00 BAMMES 8-2-1 NE/4 Sec.08-02S-41W Cheyenne County, Kansas

## Dear Cheryl Gallagher:

"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 06/29/2016.

- \* 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 06/29/2016.

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

Very truly yours,

**RICHARD WILLIAMS"**