June 2011

TEMPORARY ABANDONMENT WELL APPLICATION

Production

__ Inch Set at: ___

___ How Determined? ____

______ State: _____ Zip: _____ + __ _ _ _ _

Surface

Form must be Typed Form must be signed All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section ______ feet from E / W Line of Section _____ , Long: _____ (e.g. xx.xxxxx) Datum: NAD27 NAD83 WGS84 _____ Elevation:____ ____ GL KB County: Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: __ Tubing Intermediate Liner Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type: Usual 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 ___ Plug Back Method: ___ Completion Information ___ At: _____ to _____ Feet Perforation Interval ____ ____to_____ Feet or Open Hole Interval _____ to _____ Feet

INDED DENALTY OF DED HIDV I LEDEDY ATTECT THAT THE INFORMATION CONTAINED LEDEIN IS TOLLE AND CORDECT TO THE DEST OF MY VNOW! EDGE Submitted Electronically

Perforation Interval _____ to ____ Feet or Open Hole Interval ____

Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY Review Completed by: ___ Comments: TA Approved: Yes Denied Date: ___

Mail to the Appropriate KCC Conservation Office:



OPERATOR: License# _____

Address 1:

Address 2:

Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth:

Geological Date: **Formation Name**

Phone:(_____) __

Contact Person Email: ___

Field Contact Person: ____

Casing Fluid Level from Surface: ____

Do you have a valid Oil & Gas Lease? Yes No

Field Contact Person Phone: (_____) ____

Conductor

__ Size: ___

__ Plug Back Depth: ___

Formation Top Formation Base

_____ At: _____ to ____ Feet

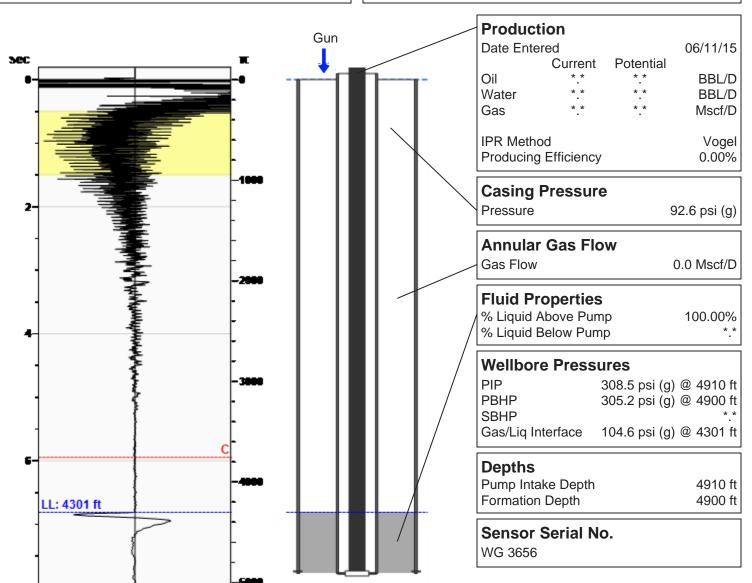
	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
-	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550



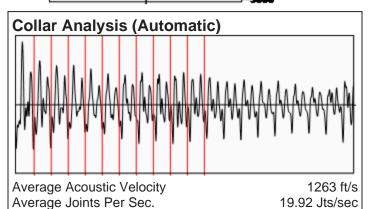
Spicer B-1 06/11/2015 10:10:54AM

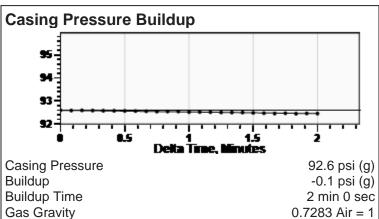
Liquid Level 4301 ft

Fluid Above Pump	609 ft
Equivalent Gas Free Above Pump	609 ft



135.69 Jts





Comments and Recommendations

STATIC

Joints To Liquid

Echometer Company 5001 Ditto Lane Wichita Falls, TX 76302 (940) 767-4334 info@echometer.com 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 12, 2015

Kent Roberts AGV Corp. PO BOX 377 ATTICA, KS 67009-0377

Re: Temporary Abandonment API 15-007-23032-00-00 SPICER B1 NW/4 Sec.24-33S-11W Barber County, Kansas

Dear Kent Roberts:

- "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 06/12/2016.
- * 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 06/12/2016.

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

Very truly yours,

Scott Alberg"