KANSAS CORPORATION COMMISSION 1255831

Form CP-111 June 2011 Form must be Typed Form must be signed All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

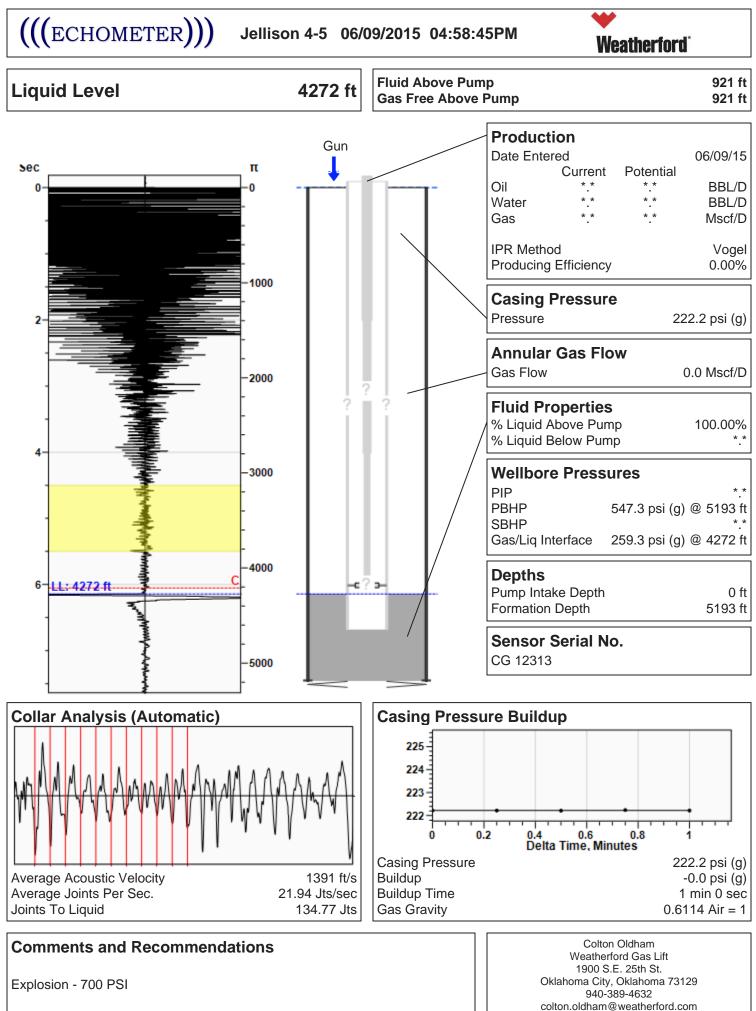
| OPERATOR: License#                       |                    |   |           |          | API No. 15-            |                 |                |               |            |          |               |
|--|--------------------|---|-----------|----------|------------------------|-----------------|----------------|---------------|------------|----------|---------------|
| Name:                                    |                    |   |           |          | Spot Descri            | ption:          |                |               |            |          |               |
| Address 1:                               |                    |   |           |          |                        | Se              | ec Tw          | /p \$         | S. R       |          | E W           |
| Address 2:                               |                    |   |           |          |                        |                 |                |               | ;          | 4        |               |
| City:                                    | State:             | Zip:                                      | +         |          |                        | on: Lat:        | f              | eet from      | ]E / [     | _W Lir   | ne of Section |
| Contact Person:                          |                    |   |           |          |                        | NAD27 NA        |                | , Long:<br>84 | (e.        | gxxx.xxx | xx)           |
| Phone:( )                                |                    |   |           |          |                        |                 |                |               |            |          | GL ∏KB        |
| Contact Person Email:                    |                    |   |           |          |                        | e:              |                |               |            |          |               |
| Field Contact Person:                    |                    |   |           |          | Well Type: (           | check one) 🗌 (  | Oil 🗌 Gas 🗌 C  | og 🗌 wsw      | Othe       | er:      |               |
| Field Contact Person Phor                |                    |   |           |          | SWD Pe                 | ermit #:        |                | ENHR P        | Permit #:_ |          |               |
|  |                    |   |           |          |                        | rage Permit #:_ |                |               |            |          |               |
|  |                    |   |           |          | Spud Date:             |                 | D              | ate Shut-In:  |            |          |               |
|  | Conductor          | Surfac                                    | e         | Prod     | luction                | Intermedia      | ate            | Liner         |            | Tul      | bing          |
| Size                                     |                    |   |           |          |                        |                 |                |               |            |          |               |
| Setting Depth                            |                    |   |           |          |                        |                 |                |               |            |          |               |
| Amount of Cement                         |                    |   |           |          |                        |                 |                |               |            |          |               |
| Top of Cement                            |                    |   |           |          |                        |                 |                |               |            |          |               |
| Bottom of Cement                         |                    |   |           |          |                        |                 |                |               |            |          |               |
| Casing Fluid Level from S                | irface:            |   | How Deter | mined?   |                        |                 |                |               | Data:      |          |               |
| Casing Squeeze(s):                       |                    |   |           | _        |                        |                 |                |               |            |          |               |
| Do you have a valid Oil &                |                    |   |           |          |                        | . ,             |                |               |            |          |               |
|  |                    |   | at        | Casi     |                        |                 | Depth of casin | a look(s):    |            |          |               |
| Depth and Type: Junk                     | ,                  |   | ,         |          |                        |                 |                |               |            |          |               |
| Type Completion: AL                      | T. I ALT. II Depth | of: DV Tool:                              | (depth)   | w/       | sacks                  | s of cement     | Port Collar:   | (depth)       | w /        | sa       | ck of cement  |
| Packer Type:                             | Size:              |   |           | _ Inch S | et at:                 |                 | Feet           |               |            |          |               |
| Total Depth:                             | Plug Back Depth: F |   |           | P        | Plug Back Method:      |                 |                |               |            |          |               |
|  |                    |   |           |          |                        |                 |                |               |            |          |               |
| Geological Date:                         |                    | rmation Name Formation Top Formation Base |           |          | Completion Information |                 |                |               |            |          |               |
| C C                                      | Formation          | Top Formation                             | Dusc      |          |                        |                 |                |               |            |          |               |
| Geological Date:<br>Formation Name<br>1. |                    |   |           | Perfora  | ation Interval _       | to              | Feet or Op     | oen Hole Inte | erval      | to _     | Feet          |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: Yes D                           | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| from two terms are not to an from any terms and  | 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 |
| 100 <td>KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720</td> <td>Phone 620.432.2300</td>   | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| And the second s | 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/

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

June 23, 2015

Tiffany Golay SandRidge Exploration and Production LLC 123 ROBERT S. KERR AVE OKLAHOMA CITY, OK 73102-6406

Re: Temporary Abandonment API 15-033-20493-00-00 JELLISON 4-5 NE/4 Sec.05-33S-19W Comanche County, Kansas

Dear Tiffany Golay:

"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 06/23/2016.

\* 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 06/23/2016.

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

Very truly yours,

Scott Alberg"