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-        |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
|--|-------------------|-------------------|------------|-------------------|--------------------|-----------------------|-------------|--------------|----------|---------------------------------|-----------|---------|-----|---------|--|-------|------|--------|--|--|
| Name:  |                   |                   |            | Spot Description: |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Address 1:                                   |                   |                   |            |                   | Sec                | Twp                   | S. R        | [ E          | ≣        |                                 |           |         |     |         |  |       |      |        |  |  |
| Address 2:       State:       Zip:       +   |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
|  |                   |                   |            |                   |                    |                       |             |              |          | Field Contact Person Phone: ( ) |           |         |     |         | SWD Permit #:         ☐ ENHR Permit #:           Gas Storage Permit #:         ☐ |       |      |        |  |  |
|  |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     | _       |  |       | ·In: |        |  |  |
|  |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         | _   |         |  |       |      |        |  |  |
|  |                   |                   |            |                   |                    |                       |             |              |          | 0:                              | Conductor | Surface | Pro | duction | Intermediate   | Liner |      | Tubing |  |  |
|  |                   |                   |            |                   |                    |                       |             |              |          | Size                            |           |         |     |         |  |       |      |        |  |  |
| Setting Depth  Amount of Cement              |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Top of Cement                                |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Bottom of Cement                             |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
|  | I                 |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Casing Fluid Level from Surfa                |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Casing Squeeze(s):                           | to w /<br>        | sacks of ce       | ment,      | to                | (bottom) W /       | sacks of cen          | nent. Date: |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Do you have a valid Oil & Ga                 | s Lease? Yes      | No                |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Depth and Type:                              | Hole at           | Tools in Hole at  | Cas        | sing Leaks:       | Yes No Dept        | th of casing leak(s): |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
|  |                   |                   |            |                   |                    |                       |             |              | f cement |                                 |           |         |     |         |  |       |      |        |  |  |
| Type Completion: ALT. I                      |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| -  |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Total Depth:                                 | Plug Bacl         | C Depth:          | F          | Plug Back Meth    | od:                |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Geological Date:                             |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Formation Name                               | Formation 7       | op Formation Base |            |                   | Completio          | on Information        |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| 1  | At:               | to Feet           | Perfo      | ration Interval   | to F               | eet or Open Hole      | Interval    | to           | Feet     |                                 |           |         |     |         |  |       |      |        |  |  |
| 2  | At:               | to Feet           | Perfo      | ration Interval   | to F               | eet or Open Hole      | Interval    | to           | Feet     |                                 |           |         |     |         |  |       |      |        |  |  |
| UNDER BENALTY OF BER                         | HIDVILLEDEDY ATTE | TTUATTUE INCODMA  | TION OO    | NTAINED HED       | NEIN IO TOUE AND O |                       | DECT OF M   | V KNOW! F    | DOE      |                                 |           |         |     |         |  |       |      |        |  |  |
| TIRINED DERIVITO ME DED                      |                   |                   |            |                   |                    | , and a second second | 3EC171E R#  | O D'RITAIN L |          |                                 |           |         |     |         |  |       |      |        |  |  |
|  |                   | Submitt           | ed Ele     | ctronicall        | У                  |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
|  |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:      | Results:          |            |                   | Date Plugged:      | Date Repaired:        | Date Put    | Back in Serv | ice:     |                                 |           |         |     |         |  |       |      |        |  |  |
| Review Completed by:                         |                   |                   | Comm       | nents:            |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| TA Approved: Yes                             |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
| "TAPPIOVEG.   165                            |                   |                   |            |                   |                    |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |
|  |                   | Mail to the App   | ropriate k | KCC Conserv       | vation Office:     |                       |             |              |          |                                 |           |         |     |         |  |       |      |        |  |  |

| Name trade trace trace to the last and find the proof that the last  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| No.    | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |  |
| 100 to 10 | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |  |
| Size that the first part of the part of the the the part of the pa | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |

Conservation Division District Office No. 3 1500 W. Seventh Chanute, KS 66720



Phone: 620-432-2300 Fax: 620-432-2309 http://kcc.ks.gov/

Sam Brownback, Governor

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

October 29, 2015

Kerry King SEK Energy, LLC 149 BENEDICT RD PO BOX 55 BENEDICT, KS 66714

Re: Temporary Abandonment API 15-099-24151-00-00 BROTHERS KENNETH M 1-35 NW/4 Sec.35-31S-18E Labette County, Kansas

## Dear Kerry King:

- "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 10/29/2016.
- \* 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 10/29/2016.

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

Very truly yours,

Russell Hine"