Kansas Corporation Commission 1269430

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  |                    |             |        |          |  |
| Address 2:  |                              |              |                                 |  |                    |             |        |          |  |
| City:   |                              |              | feet from E / W Line of Section |  |                    |             |        |          |  |
| Contact Person:   |                              |              | GPS Location: Lat:, Long:       |  |                    |             |        |          |  |
| Phone:()  |                              |              | _                               | 10.027   | _                  |             | GL     | KB       |  |
| Contact Person Email:                                   |                              |              |                                 | Lease Name: Well #:                                    |                    |             |        |          |  |
| Field Contact Person:                                   |                              |              |                                 | check one) 🗌 Oil 🗌                                     |                    |             |        |          |  |
| Field Contact Person Phone: ( )                         |                              |              |                                 | SWD Permit #: ENHR Permit #:                           |                    |             |        |          |  |
| ·   |                              |              |                                 | Gas Storage Permit #: Date Shut-In:                    |                    |             |        |          |  |
|   | 0.1                          |              |                                 |  |                    |             |        |          |  |
| Conductor   | Surface                      | Pro          | oduction                        | Intermediate   | Liner              |             | Tubing |          |  |
| Size Setting Depth                                      |                              |              |                                 |  |                    |             |        |          |  |
| Amount of Cement  |                              |              |                                 |  |                    |             |        |          |  |
| Top of Cement   |                              |              |                                 |  |                    |             |        |          |  |
| Bottom of Cement  |                              |              |                                 |  |                    |             |        |          |  |
| Depth and Type:   | of: DV Tool:(depth)          | w/_          | sacks                           | s of cement Port                                       | Collar:(depth)     |             |        | f cement |  |
| Total Depth: Plug Ba                                    | Plug Back Depth:             |              | Plug Back Method:               |  |                    |             |        |          |  |
| Geological Date:  |                              |              |                                 |  |                    |             |        |          |  |
| Formation Name Formation                                | Formation Top Formation Base |              |                                 | Completion Information                                 |                    |             |        |          |  |
| 1 At:   | to Feet                      | Feet Perfora |                                 | to F   | eet or Open Hole I | nterval     | _ to   | Feet     |  |
| 2 At:   | to Feet                      | Perfo        | ration Interval -               | to F   | eet or Open Hole I | nterval     | _ to   | Feet     |  |
| IMPED DEMALTY OF DED HIDV I HEDEDV ATT                  |                              |              | ctronically                     |  | ADDECT TA THE D    | EET OF MV V | NOW! E | DOE      |  |
|   |                              |              |                                 |  |                    |             |        |          |  |
| Do NOT Write in This Date Tested:  Space - KCC USE ONLY | Tested: Results:             |              |                                 | Date Plugged: Date Repaired: Date Put Back in Service: |                    |             |        |          |  |
| Review Completed by:                                    |                              | Comn         | nents:                          |  |                    |             |        |          |  |
| TA Approved: Yes Denied Date:                           |                              |              |                                 |  |                    |             |        |          |  |
| Mail to the Appropriate KCC Conservation Office:        |                              |              |                                 |  |                    |             |        |          |  |

| 1 | 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 |  |

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

November 05, 2015

BETH WILSON Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-099-23832-00-00 SMITH 2-12 NE/4 Sec.12-31S-17E Labette County, Kansas

## Dear BETH WILSON:

- "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 11/05/2016.
- \* 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 11/05/2016.

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

Very truly yours,

Russell Hine"