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:  |                     |          |  |                                     |                    |             |        |          |  |
| mation Name Formation Top Formation Base                |                     |          | Completion Information                                 |                                     |                    |             |        |          |  |
| 1 At:   | to Feet             | Perfo    | ration Interval <sub>-</sub>                           | 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 App     | ropriate | KCC Conserv  | ration Office:                      |                    |             |        |          |  |

|  | 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. 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

December 08, 2015

Michael Petermann LB Exploration, Inc. 2135 2ND RD HOLYROOD, KS 67450-9021

Re: Temporary Abandonment API 15-009-03869-00-00 BLOOMER B 4 NW/4 Sec.14-17S-11W Barton County, Kansas

## Dear Michael Petermann:

"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 12/08/2016.

- \* 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 12/08/2016.

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

Very truly yours,

**RICHARD WILLIAMS"**