June 2011
Form must be Typed
Form must be signed

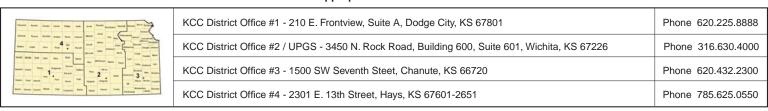
All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____ API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W Address 1: _____ feet from N / S Line of Section Address 2: _____ feet from E / W Line of Section ______ State: _____ Zip: _____ + __ _ _ _ _ Contact Person: ___ Datum: NAD27 NAD83 WGS84 Phone:(_____) __ _____ Elevation: ____ ____ GL KB Lease Name: ___ Contact Person Email: ___ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: ___ Field Contact Person Phone: (_____) ____ Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: _ Tubing Conductor Surface Production Intermediate Liner Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement** Casing Fluid Level from Surface:_____ ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Do you have a valid Oil & Gas Lease? Yes No Depth and Type:

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 __ Size: __ Packer Type: ___ _ Inch Set at: ___ ___ Plug Back Method: ___ Total Depth: Plug Back Depth: ___ Geological Date: **Formation Name** Formation Top Formation Base Completion Information ___ At: _____ to _____ Feet Perforation Interval ____ ____to_____ Feet or Open Hole Interval _____ to _____ Feet _____ to ____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____ INDER DENALTY OF DED HIDV I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE DEST OF MY KNOW! EDGE Submitted Electronically Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY Review Completed by: ___ TA Approved: Yes Denied Date: ___

Mail to the Appropriate KCC Conservation Office:



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

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

March 04, 2016

JENNIFER RS BEAL PostRock Midcontinent Production LLC OKLAHOMA TOWER 210 PARK AVE, STE 2750 OKLAHOMA CITY, OK 73102

Re: Temporary Abandonment API 15-205-25889-00-00 Bradford, Richard L. 15-1 NW/4 Sec.15-29S-16E Wilson County, Kansas

Dear JENNIFER RS BEAL:

"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 03/04/2017.

- * 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 03/04/2017.

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

Very truly yours,

Alan Dunning"