Form CP-111 June 2011 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.630.4000

Phone 620.432.2300

Phone 785.625.0550

| DPERATOR: License#                           |                               |                            |           |                        | API No. 15 Spot Description: |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
|--|-------------------------------|----------------------------|-----------|------------------------|------------------------------|---|------------|-----------------|---------|--|----------------------------------|--|--|--|------------|------------------------------|-----------|---------|----|-------------|--|
|  |                               |                            |           |                        |                              |   |            |                 |         |  | Address 1:                       |  |  |  | <u> </u>   | · Sec                        | Twp       | _ S. R  | E  | $\square$ W |  |
| Address 2:                                   |                               |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| City:     State:     +       Contact Person: |                               |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
|  |                               |                            |           |                        |                              |   |            |                 |         |  | Field Contact Person:            |  |  |  | Well Type: | (check one) 🗌 Oil 🔲          | Gas OG WS | SW Othe | r: |             |  |
|  |                               |                            |           |                        |                              |   |            |                 |         |  | Field Contact Person Phone: ( )  |  |  |  |            | SWD Permit #: ENHR Permit #: |           |         |    |             |  |
|  |                               |                            |           |                        |                              |   |            |                 |         |  | ield Contact reison ritorie. ( ) |  |  |  |            | Gas Storage Permit #:        |           |         |    |             |  |
|  |                               |                            |           | Spud Date:             |                              | Date Shut-l                                   | n:         |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
|  | Conductor                     | Surface                    | Pro       | oduction               | Intermediate                 | Liner   |            | Tubing          |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Size   |                               |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Setting Depth                                |                               |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Amount of Cement                             |                               |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Top of Cement                                |                               |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Bottom of Cement                             |                               |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Depth and Type:                              | I ALT. II Depth Size: Plug Ba | of: DV Tool:(depth)        | w / _     | Set at: Plug Back Meth | s of cement Port C           | ollar:(depth)  Information  et or Open Hole I | _ w /      | sack of c       |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| INDED BENALTY OF BED                         | IIIDV I UEDEDV ATTI           |                            |           | ectronicall            |                              | DDECTTO THE B                                 | PEST OF MA | / VNOMI ED/     | CE      |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: Results:         |                            |           |                        | Date Plugged:                | Date Repaired:                                | Date Put I | Back in Service | э:<br>— |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| Review Completed by:                         |                               |                            | Comn      | ments:                 |                              |   |            |                 | _       |  |                                  |  |  |  |            |                              |           |         |    |             |  |
| TA Approved: Yes                             | Denied Date:                  |                            |           |                        |                              |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
|  |                               | Mail to the App            | oropriate | KCC Conserv            | ation Office:                |   |            |                 |         |  |                                  |  |  |  |            |                              |           |         |    |             |  |
|  | KCC Diet                      | rict Office #1 - 210 F Fro | ntview Su | ite A Dodge C          | tv KS 67801                  |   | Pho        | ne 620 225 8    | 2888    |  |                                  |  |  |  |            |                              |           |         |    |             |  |

KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-630-4000 Fax: 316-630-4005 http://kcc.ks.gov/

Sam Brownback, Governor

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

February 18, 2016

Zafar Ullah Atlas Operating LLC 15603 KUYKENDAHL, STE 200 HOUSTON, TX 77090-3655

Re: Temporary Abandonment API 15-077-21676-00-00 Dirks 8 SW/4 Sec.28-31S-09W Harper County, Kansas

## Dear Zafar Ullah:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

## **High Fluid Level**

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by March 19, 2016.

Sincerely,

Steve VanGieson