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. 15Spot Description:                            |                    |                  |             |           |                 |                                 |     |  |  |  |
|--|-----------------------|---------------------|------------|--|--------------------|------------------|-------------|-----------|-----------------|---------------------------------|-----|--|--|--|
|  |                       |                     |            |  |                    |                  |             |           |                 | Address 1:                      |     |  |  |  |
| Address 2:   |                       |                     |            |  |                    |                  |             | 1         |                 |                                 |     |  |  |  |
| City:         State:         Zip:         +            Contact Person: |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
|  |                       |                     |            |  |                    |                  |             |           |                 | County: Elevation: GL           |     |  |  |  |
|  |                       |                     |            | Lease Name:  |                    |                  |             |           |                 |                                 |     |  |  |  |
|  |                       |                     |            |  |                    |                  |             |           |                 | Field Contact Person Phone: ( ) |     |  |  |  |
|  |                       |                     |            |  |                    |                  |             |           | orage Permit #: |                                 | ln: |  |  |  |
|  |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
|  | Conductor             | Surface             | Pro        | oduction   | Intermediate       | Liner            |             | Tubing    |                 |                                 |     |  |  |  |
| Size   |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Setting Depth  |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Amount of Cement   |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Top of Cement  Bottom of Cement  |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Bottom of Cement   |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Casing Fluid Level from Surf   | face:                 | How De              | termined?  |  |                    |                  | Date: _     |           |                 |                                 |     |  |  |  |
| Casing Squeeze(s):   | to w /                | sacks of ce         | ement,     | to   | W /                | sacks of cem     | ent. Date:_ |           |                 |                                 |     |  |  |  |
| Do you have a valid Oil & Ga   |                       |                     |            | (top)  | (bottom)           |                  |             |           |                 |                                 |     |  |  |  |
|  |                       |                     |            |  | J                  |                  |             |           |                 |                                 |     |  |  |  |
| Depth and Type:  Junk in   |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Type Completion: ALT.  | I ALT. II Depth of    | f: DV Tool:         | w/_        | sack   | s of cement Port ( | Collar:          | w /         | sack o    | f cement        |                                 |     |  |  |  |
| Packer Type:   | Size:                 |                     | Inch       | Set at:  | Fee                | t                |             |           |                 |                                 |     |  |  |  |
| Total Depth:   | Plug Bad              | k Depth:            |            | Plug Back Meth   | od:                |                  |             |           |                 |                                 |     |  |  |  |
| Geological Date:   |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Formation Name   | Formation             | Top Formation Base  |            |  | Completion         | n Information    |             |           |                 |                                 |     |  |  |  |
| 1  | At:                   | to Feet             | Perfo      | ration Interval  | to Fe              | eet or Open Hole | Interval    | to        | Feet            |                                 |     |  |  |  |
| 2  | At:                   | to Feet             | Perfo      | ration Interval  | to Fe              | eet or Open Hole | interval    | to        | Feet            |                                 |     |  |  |  |
| LINDED BENALTY OF BED  | HIDVILLEDEDY ATTE     | CT THAT THE INFORMA | ATION COL  | NTAINED HEE  | TEN IS TOUT AND CO |                  | DEST OF MY  | / KNOW! F | DOE             |                                 |     |  |  |  |
|  |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
|  |                       | Submitt             | ed Ele     | ctronicall   | у                  |                  |             |           |                 |                                 |     |  |  |  |
|  |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                           | Date Tested: Results: |                     | esults:    | Date Plugged: Date Repaired: Date Put Back in Service: |                    |                  |             |           | rice:           |                                 |     |  |  |  |
| Review Completed by:   |                       |                     | Comm       | nents:   |                    |                  |             |           |                 |                                 |     |  |  |  |
| TA Approved: Yes [   | Denied Date:          |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
|  |                       |                     |            |  |                    |                  |             |           |                 |                                 |     |  |  |  |
|  |                       | Mail to the App     | ropriate l | KCC Conserv  | ation Office:      |                  |             |           |                 |                                 |     |  |  |  |

| Notes been from the total gas foots and made that the total  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| These than the same has been seen the same than the same t | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Similar Street S | 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

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

April 19, 2016

STEVE BECKER
Becker, Steve A. dba A & A Well Service
4500 CONNECTICUT RD
ELSMORE, KS 66732-4069

Re: Temporary Abandonment API 15-011-21482-00-00 SMITH JOSEPH A 6 SE/4 Sec.23-26S-21E Bourbon County, Kansas

## Dear STEVE BECKER:

"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 04/19/2017.

- \* 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 04/19/2017.

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

Very truly yours,

Ryan Duling"