June 2011 Form must be Typed

Form must be signed All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| State   Zip   +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OPERATOR: License#                          |                                                                    |                                                                                                                                         |                     | API No. 15-                              |                                               |                                                       |        |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------|-----------------------------------------------|-------------------------------------------------------|--------|------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name:                                       |                                                                    |                                                                                                                                         |                     | Spot Descr                               | iption:                                       |                                                       |        |                  |
| State   Zip   +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address 1:                                  |                                                                    |                                                                                                                                         |                     |                                          | · Sec                                         | Twp                                                   | . S. R |                  |
| State   Zip   +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address 2:                                  |                                                                    | feet from N / S Line of Section  feet from E / W Line of Section  GPS Location: Lat: , Long: (e.g. xx.xxxxx)  Potum: NAD27 NAD22 W/CS24 |                     |                                          |                                               |                                                       |        |                  |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City:                                       |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
| Counter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
| Lease Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        | □ GL □ KB        |
| Well Type: (check one)   Oil   Gas   OG   WSW   Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,,                                          |                                                                    |                                                                                                                                         |                     | 1                                        |                                               |                                                       |        |                  |
| SVP Permit #:   ENHR Permit #:   Sypud Date:   Date Shut-In:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Field Contact Person:                       |                                                                    | Well Type: (check one)  Oil  Gas  OG  WSW  Other:                                                                                       |                     |                                          |                                               |                                                       |        |                  |
| Gas Storage Permit #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                    |                                                                                                                                         |                     | SWD Permit #: ENHR Permit #:             |                                               |                                                       |        |                  |
| Size Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:  Casing Squeeze(s):  (lap)  (location)  W/ sacks of cement, (lap)  Do you have a valid Oil & Gas Lease?  Ves No Depth and Type:  Junk in Hole at (depth)  Gesph  Tools in Hole at (depth)  W/ sacks of cement Port Collar:  (depth)  W/ sacks of cement. Date:  Depth and Type:  Depth and Type:  Depth and Type:  Date Port Collar:  Date Plugged:  Date Repaired:  Date Put Back in Service:  Space - KCC USE ONLY  Review Completed by:  Comments:                                                                                                                                                                                                                                                                                                                                                                                       |                                             | , ——,                                                              |                                                                                                                                         |                     |                                          | •                                             |                                                       | ı:     |                  |
| Setting Depth Amount of Cement Top of Cement Bottom of Ce |                                             | Conductor                                                          | Surface                                                                                                                                 | Pro                 | oduction                                 | Intermediate                                  | Liner                                                 |        | Tubing           |
| Amount of Cement    Dot   Dot   Dot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Size                                        |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
| Top of Cement  Bottom of Cemen | Setting Depth                               |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
| Bottom of Cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of Cement                            |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
| Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Top of Cement                               |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
| Casing Squeeze(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bottom of Cement                            |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
| Submitted Electronically  Do NOT Write in This Space - KCC USE ONLY  Review Completed by:  Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Do you have a valid Oil & G Depth and Type: | as Lease? Yes in Hole at (depth)  I ALT. II Depth of Size: Plug Ba | No Tools in Hole at                                                                                                                     | Ca<br>w / _<br>Inch | sing Leaks: sack: Set at: Plug Back Meth | Yes No Dept s of cement Port Fe od: Completic | h of casing leak(s): Collar:(depth) et on Information | _ w /  | _ sack of cement |
| Submitted Electronically  Do NOT Write in This                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                                           | At:                                                                | to Feet                                                                                                                                 | t Perfo             | ration Interval                          | to F                                          | eet or Open Hole In                                   | terval | _ toFeet         |
| Review Completed by: Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                                                    | Submitt                                                                                                                                 | ted Ele             |                                          | у                                             |                                                       |        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                                    |                                                                                                                                         |                     |                                          |                                               |                                                       |        |                  |

## 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

July 12, 2016

Jerry Steinforth Steinforth, Loren 461 HAWK RD YATES CENTER, KS 66783-5181

Re: Temporary Abandonment API 15-207-01766-00-01 LAUBER B 7 NE/4 Sec.19-26S-15E Woodson County, Kansas

## Dear Jerry Steinforth:

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

## Shut-in Over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by August 11, 2016.

You may file an application for an exception to the 10-year limitation in K.A.R. 82-3-111 to demonstrate why it is necessary to TA the above well for more than (10) years. You must notify the Commission in writting no later than August 11, 2016 of your intention to file the application, and your complete application is due September 10, 2016. All applications and written notifications must be sent to the attention of the Executive Director at the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

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

Sincerely,

Ryan Duling