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. 15-                     |  |                    |              |          |                 |                       |  |        |  |  |    |
|--|---------------------|----------------------|------------|---------------------------------|--|--------------------|--------------|----------|-----------------|-----------------------|--|--------|--|--|----|
| Name:  |                     |                      |            | Spot Description:               |  |                    |              |          |                 |                       |  |        |  |  |    |
| Address 1:                                   |                     |                      |            |                                 | Sec  | Twp                | _ S. R       | E        | <u> </u>        |                       |  |        |  |  |    |
| Address 2:                                   |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
|  |                     |                      |            |                                 |  |                    |              |          |                 | County: Elevation: GL |  |        |  |  | КВ |
|  |                     |                      |            |                                 |  |                    |              |          |                 | Lease Name:           |  |        |  |  |    |
|  |                     |                      |            | Field Contact Person Phone: ( ) |  |                    |              |          | ☐ SWD Permit #: |                       |  |        |  |  |    |
|  |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
|  |                     |                      |            |                                 | Conductor  | Surface            | Pro          | duction  | Intermediate    | Liner                 |  | Tubing |  |  |    |
| Size   |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Setting Depth                                |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Amount of Cement                             |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Top of Cement                                |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Bottom of Cement                             |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Casing Fluid Level from Surfa                | ace:                | How De               | termined?  |                                 |  |                    | Date: _      |          |                 |                       |  |        |  |  |    |
| Casing Squeeze(s):                           | to w/               | sacks of ce          | ment,      | to                              | w/   | sacks of cem       | ent. Date: _ |          |                 |                       |  |        |  |  |    |
|  |                     | _                    |            | (top)                           | (bottom)   |                    |              |          |                 |                       |  |        |  |  |    |
| Do you have a valid Oil & Gas                |                     | •                    |            | _                               | _  |                    |              |          |                 |                       |  |        |  |  |    |
| Depth and Type:                              | Hole at             | Tools in Hole at     | Ca         | sing Leaks:                     | Yes No Depth   | of casing leak(s): |              |          |                 |                       |  |        |  |  |    |
| Type Completion: ALT. I                      | ALT. II Depth of    | : DV Tool:(depth)    | w/_        | sack                            | s of cement Port C                                   | ollar:             | _ w /        | sack of  | cement          |                       |  |        |  |  |    |
| Packer Type:                                 |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Total Depth:                                 | Plug Bac            | k Depth:             |            | Plug Back Meth                  | od:  |                    |              |          |                 |                       |  |        |  |  |    |
| Geological Date:                             |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Formation Name                               | Formation 7         | Top Formation Base   |            |                                 | Completion   | Information        |              |          |                 |                       |  |        |  |  |    |
| 1  | At:                 | to Feet              | Perfo      | ration Interval                 | to Fee   | et or Open Hole I  | nterval      | to       | Feet            |                       |  |        |  |  |    |
| 2  | At:                 | to Feet              | Perfo      | ration Interval                 | to Fee   | et or Open Hole I  | nterval      | to       | Feet            |                       |  |        |  |  |    |
|  |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| LINDED BENALTY OF BED I                      | IIIBV I DEBEBV ATTE | ST TUAT TUE INICABMA | TION COI   | MITAINEN HEB                    | DEIN IS TOLIE AND CO                                 | BBECTTATUE B       | DECT AE MIV  | DEIOWI E | DOE             |                       |  |        |  |  |    |
|  |                     | Submitt              | ed Ele     | ctronicall                      | У  |                    |              |          |                 |                       |  |        |  |  |    |
|  |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:        | Results:             |            |                                 | Date Plugged: Date Repaired: Date Put Back in Servic |                    |              | ce:      |                 |                       |  |        |  |  |    |
| Review Completed by:                         |                     |                      | Comm       | nents:                          |  |                    |              |          | ]               |                       |  |        |  |  |    |
| TA Approved: Yes                             |                     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
|  | _ Doilloa Dato.     |                      |            |                                 |  |                    |              |          |                 |                       |  |        |  |  |    |
|  |                     | Mail to the App      | ropriate I | KCC Conserv                     | ation Office:  |                    |              |          |                 |                       |  |        |  |  |    |

| NAME AND DOOR DAY DOOR DAY DOOR DAYS DAYS WARE WARE THE PARTY DAYS   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| 1000   1000   1000   1   | 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 |
| dies trees trees that the large trees tree | 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

May 12, 2016

Jim Ferley Diamond B Miami Flood, Ltd. 34475 W 263RD ST PAOLA, KS 66071-4224

Re: Temporary Abandonment API 15-121-19804-00-00 PHILLIPS 8 NE/4 Sec.24-16S-21E Miami County, Kansas

## Dear Jim Ferley:

- "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 05/12/2017.
- \* 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 05/12/2017.

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

Very truly yours,

Taylor Herman"