June 2011 Form must be Typed

TEMPORARY ABANDONMENT WELL APPLICATION

______ State: _____ Zip: _____ + __ _ _ _ _

Surface

___ How Determined? ____

Form must be signed All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section ______ feet from E / W Line of Section _____ , Long: _____ (e.g. xx.xxxxx) Datum: NAD27 NAD83 WGS84 _____ Elevation: ____ ____ GL KB County: Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Gas Storage Permit #:____ Spud Date: __ ___ Date Shut-In: __ Tubing Production Intermediate Liner Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type: Usual Junk in Hole at (depth) Tools in Hole at (depth) 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 _ Inch Set at: ___ ___ Plug Back Method: ___

Completion Information

Perforation Interval _____ to ____ Feet or Open Hole Interval ____

____to_____ Feet or Open Hole Interval _____ to _____ Feet

Submitted Electronically

HINDER DENALTY OF RED HIDV I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE REST OF MY KNOW! EDGE

Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY Review Completed by: ___ Comments: TA Approved: Yes Denied Date: ___

Mail to the Appropriate KCC Conservation Office:



OPERATOR: License# _____

Address 1:

Address 2:

Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth:

Geological Date: **Formation Name**

Phone:(_____) __

Contact Person Email: ___

Field Contact Person: ____

Casing Fluid Level from Surface:____

Do you have a valid Oil & Gas Lease? Yes No

Field Contact Person Phone: (_____) ____

Conductor

__ Size: __

__ Plug Back Depth: ___

Formation Top Formation Base

_____ At: _____ to ____ Feet

___ At: _____ to _____ Feet Perforation Interval ____

| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 |
|---|--------------------|
| KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720 | Phone 620.432.2300 |
| 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

July 14, 2016

Jessica Garcia Exodus Gas & Oil LLC 1001 MCKINNEY ST., STE. 804 HOUSTON, TX 77002

Re: Temporary Abandonment API 15-133-25870-00-00 RON STAFFORD 19-1 NW/4 Sec.19-30S-18E Neosho County, Kansas

Dear Jessica Garcia:

- "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 07/14/2017.
- * 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 07/14/2017.

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

Very truly yours,

Alan Dunning"