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:   |                       |                       |          |                                     |                    | Twp S.                   |                      |           |                       |  |  |  |   |  |  |  |  |
| Address 2:   |                       |                       |          |                                     |                    | feet from                |                      |           |                       |  |  |  |   |  |  |  |  |
| City: State: Zip: +   Contact Person:   Phone: ( ) |                       |                       |          |                                     |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|  |                       |                       |          |                                     |                    |                          |                      |           | Contact Person Email: |  |  |  | Lease Name: Well #:                               |  |  |  |  |
|  |                       |                       |          |                                     |                    |                          |                      |           | Field Contact Person: |  |  |  | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |  |  |  |  |
| Field Contact Person Phone: ( )                    |                       |                       |          | SWD Permit #: ENHR Permit #:        |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| , ,  |                       |                       |          | Gas Storage Permit #: Date Shut-In: |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|  | Conductor             | Surface               | Pro      | duction                             | Intermediate       | Liner                    | Tubing               | 3         |                       |  |  |  |   |  |  |  |  |
| Size   |                       |                       |          |                                     |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Setting Depth                                      |                       |                       |          |                                     |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Amount of Cement                                   |                       |                       |          |                                     |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Top of Cement                                      |                       |                       |          |                                     |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Bottom of Cement                                   |                       |                       |          |                                     |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Depth and Type:                                    | T.I ALT. II Depth o   | of: DV Tool:(depth)   | w / _    | Set at:                             | s of cement Port   | Collar: w<br>et          |                      | of cement |                       |  |  |  |   |  |  |  |  |
| Geological Date:                                   | Ū                     | ·                     |          | · ·                                 |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Formation Name                                     | Formation             | Top Formation Base    |          |                                     | Completio          | on Information           |                      |           |                       |  |  |  |   |  |  |  |  |
| 1  | At:                   | to Feet               | Perfo    | ration Interval .                   | to F               | Feet or Open Hole Interv | val to               | Feet      |                       |  |  |  |   |  |  |  |  |
| 2  | At:                   | to Feet               | Perfo    | ration Interval                     | to F               | Feet or Open Hole Interv | val to               | Feet      |                       |  |  |  |   |  |  |  |  |
| INDED DENALTY OF DEE                               | O ILIDVI LIEDEDV ATTE | CET THAT THE INICODMA | TION CO  | NITAINED HED                        | EIN IS TOLIE AND O | PODDECT TO THE DEST      | FOE MV KNOW!         | EDCE      |                       |  |  |  |   |  |  |  |  |
|  |                       | Submitt               | ed Ele   | ctronicall                          | У                  |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY       | Date Tested:          | R                     | Results: |                                     | Date Plugged:      | Date Repaired: Date      | ate Put Back in Serv | vice:     |                       |  |  |  |   |  |  |  |  |
| Review Completed by:                               |                       |                       | Comn     | nents:                              |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
| TA Approved: Yes                                   | Denied Date:          |                       |          |                                     |                    |                          |                      |           |                       |  |  |  |   |  |  |  |  |
|  |                       | Mail to the App       | ropriate | KCC Conserv                         | vation Office:     |                          |                      |           |                       |  |  |  |   |  |  |  |  |

| Notes take these than the last and hard page that was made to  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
| No.    | 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 |  |
| Since Draw State S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-225-8888 Fax: 620-225-8885 http://kcc.ks.gov/

Sam Brownback, Governor

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

**September 12, 2016** 

MATT BURTON OPCO LLC PO BOX 445 CHASE, KS 67524-0445

Re: Temporary Abandonment API 15-069-20446-00-00 RENICK 1 NE/4 Sec.29-25S-29W Gray County, Kansas

## **Dear MATT BURTON:**

"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 09/12/2017.

- \* 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 09/12/2017.

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

Very truly yours,

Michael Maier"