Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| DPERATOR: License#   |                      |                       |           | API No. 15Spot Description:         |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
|--|----------------------|-----------------------|-----------|-------------------------------------|---------------------|--------------------|---------------------------|------------|--|------------|-----------|---------|-----|------------|-----------------|-----------|--------|--------|
|  |                      |                       |           |                                     |                     |                    |                           |            |  | Address 1: |           |         |     |            | Sec             | Twp       | _ S. R | DE W   |
| Address 2:   |                      |                       |           |                                     |                     |                    | =                         |            |  |            |           |         |     |            |                 |           |        |        |
| City:     Contact Person:     Phone:     Contact Person Email:     Cield Contact Person:     Cield Contact Person Phone: |                      |                       |           | feet from L E / L W Line of Section |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
|  |                      |                       |           | GPS Location: Lat:                  |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
|  |                      |                       |           |                                     |                     |                    |                           |            |  |            | ,         |         |     |            | orage Permit #: |           | n·     |        |
|  |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     | Opua Bato. |                 | Bato onat |        |        |
|  |                      |                       |           |                                     |                     |                    |                           |            |  |            | Conductor | Surface | Pro | duction    | Intermediate    | Liner     |        | Tubing |
|  |                      |                       |           |                                     |                     |                    |                           |            |  | Size       |           |         |     |            |                 |           |        |        |
| Setting Depth  |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Amount of Cement   |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Top of Cement  |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Bottom of Cement   |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Casing Fluid Level from Surf   |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| o you have a valid Oil & Ga  | as Lease? Yes        | No                    |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Pepth and Type:  |                      |                       | Ca        | sing Leaks:                         | Yes No Depth        | of casing leak(s): |                           |            |  |            |           |         |     |            |                 |           |        |        |
| ype Completion: ALT.   |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Packer Type:   |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| otal Depth:  | Plug Bac             | k Depth:              | !         | Plug Back Meth                      | od:                 |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Geological Date:   |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| ormation Name  | Formation 7          | Top Formation Base    |           |                                     | Completion          | Information        |                           |            |  |            |           |         |     |            |                 |           |        |        |
| ·  | At:                  | to Feet               | Perfo     | ration Interval                     | to Fe               | et or Open Hole I  | nterval                   | toFeet     |  |            |           |         |     |            |                 |           |        |        |
|  | At:                  | to Feet               | Perfo     | ration Interval                     | to Fe               | et or Open Hole I  | nterval                   | toFeet     |  |            |           |         |     |            |                 |           |        |        |
| INDED DENALTY OF DED   | IIIDV I LIEDEDV ATTE | ET TUAT TUE INICODMAT | 101 001   | NTAINED HER                         | EIN IS TOLIE AND CO | DDECTTO THE B      | EST OF MV                 | NIOWI EDGE |  |            |           |         |     |            |                 |           |        |        |
|  |                      | Submitte              | ed Ele    | ctronicall                          | у                   |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Do NOT Write in This   | Date Tested: Result  |                       | sults:    |                                     | Date Plugged:       | Date Repaired:     | Date Put Back in Service: |            |  |            |           |         |     |            |                 |           |        |        |
| Space - KCC USE ONLY   |                      |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| Review Completed by:   |                      |                       | _ Comm    | nents:                              |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
| TA Approved: Yes   | Denied Date:         |                       |           |                                     |                     |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |
|  |                      | Mail to the Appro     | opriate I | CC Conserv                          | vation Office:      |                    |                           |            |  |            |           |         |     |            |                 |           |        |        |

| from task tree one tage to and finish many tree was for the  | 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 |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Some State 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

October 05, 2016

Rob Eberhart Bobcat Oilfield Services, Inc. 602 W. Amity, Suite 103 LOUISBURG, KS 66053-8108

Re: Temporary Abandonment API 15-107-20216-00-00 Klawonn 2-L NW/4 Sec.05-20S-23E Linn County, Kansas

## Dear Rob Eberhart:

- "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 10/05/2017.
- \* 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 10/05/2017.

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

Very truly yours,

Levi Short"