Form CP-111 Oct 2016 Form must be Typed Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                               |                        |                       |           | API No. 15-                                  |                  |                         |                     |           |  |
|--|------------------------|-----------------------|-----------|--|------------------|-------------------------|---------------------|-----------|--|
| Name:  |                        |                       |           | Spot Description:                            |                  |                         |                     |           |  |
| Address 1:                                       |                        |                       |           |  |                  | Twp S                   |                     |           |  |
| Address 2:                                       |                        |                       |           |  |                  | feet from               |                     |           |  |
| Dity: +  |                        |                       |           | GPS Location: Lat: Long:                     |                  |                         |                     |           |  |
| Contact Person:                                  |                        |                       |           | GPS Location: Lat:, Long:, Long:             |                  |                         |                     |           |  |
| Phone:()   |                        |                       |           | County: Elevation: GL KB                     |                  |                         |                     |           |  |
| 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:          |                  |                         |                     |           |  |
|  |                        | T                     |           | Opad Bato.                                   |                  | Bate Griat iii. =       |                     |           |  |
|  | Conductor              | Surface               | Pro       | oduction                                     | Intermediate     | Liner                   | Tubir               | ng        |  |
| Size   |                        |                       |           |  |                  |                         |                     |           |  |
| Setting Depth                                    |                        |                       |           |  |                  |                         |                     |           |  |
| Amount of Cement                                 |                        |                       |           |  |                  |                         |                     |           |  |
| Top of Cement                                    |                        |                       |           |  |                  |                         |                     |           |  |
| Bottom of Cement                                 |                        |                       |           |  |                  |                         |                     |           |  |
| Depth and Type:                                  | .I ALT. II Depth of    | of: DV Tool:(depth)   | w/_       | sack   | s of cement Por  | rt Collar: w            |                     | of cement |  |
| Total Depth:                                     | Plug Ba                | Plug Back Depth:      |           | Plug Back Method:                            |                  |                         |                     |           |  |
| Geological Date:                                 |                        |                       |           |  |                  |                         |                     |           |  |
| Formation Name                                   | Formation              | Top Formation Base    |           |  | Complet          | ion Information         |                     |           |  |
| 1  | At:                    | to Feet               | t Perfo   | ration Interval                              | to               | Feet or Open Hole Inter | rval to             | Feet      |  |
| 2  | At:                    | to Fee                | t Perfo   | ration Interval                              | to               | Feet or Open Hole Inter | rval to _           | Feet      |  |
| INDED DENALTY OF DEE                             | O IIIDV I LIEDEDV ATTE | EST THAT THE INCODMA  | ATION CO  | NITAINIED LIED                               | EIN IS TOLIE AND | CODDECT TO THE DEC      | T OF MY KNOW!       | LEDGE     |  |
|  |                        | Submitt               | od Elo    | ctronicall                                   | A.Z              |                         |                     |           |  |
|  |                        | Submitt               | .eu Lie   | Cirornean                                    | у                |                         |                     |           |  |
| Do NOT Write in This<br>Space - KCC USE ONLY     | Date Tested:           | Pate Tested: Results: |           |  | Date Plugged:    | Date Repaired: D        | Date Put Back in Se | ervice:   |  |
| Review Completed by:                             |                        |                       | Comn      | nents:                                       |                  |                         |                     |           |  |
| TA Approved: Yes                                 | Denied Date:           |                       |           |  |                  |                         |                     |           |  |
|  |                        | Mail to the Ann       | propriate | KCC Conserv                                  | ration Office:   |                         |                     |           |  |
| Mail to the Appropriate KCC Conservation Office: |                        |                       |           |  |                  |                         |                     |           |  |

| There had been not the lot for the man word many that the  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |  |
|--|--|--------------------|--|
| There has been and be to the same the s | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
|  | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |  |
| Similar State Stat | 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

November 01, 2016

Per Burchardt Norstar Petroleum, Inc. 88 INVERNESS CIR E. UNIT F104 ENGLEWOOD, CO 80112-5514

Re: Temporary Abandonment API 15-011-21658-00-00 J. K. 19-55 NE/4 Sec.19-26S-22E Bourbon County, Kansas

## Dear Per Burchardt:

"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 11/01/2017.

- \* 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 11/01/2017.

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

Very truly yours,

Ryan Duling"