



TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

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
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY

Date Tested: _____ Results: _____ Date Plugged: _____ Date Repaired: _____ Date Put Back in Service: _____

Review Completed by: _____ Comments: _____

TA Approved: Yes Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	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
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

ALLIED CEMENTING CO., INC.

7454

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Med Lodge

DATE <u>7-3-01</u>	SEC. <u>3</u>	TWP. <u>33</u>	RANGE <u>30</u>	CALLED OUT <u>5:50 AM</u>	ON LOCATION <u>6:30 AM</u>	JOB START <u>11:45 AM</u>	JOB FINISH <u>12:45 PM</u>
LEASE <u>SAW</u>	WELL # <u>306-A</u>	LOCATION <u>Plains 3 1/2 S 4 E N/4</u>	COUNTY <u>Meade</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one)							

CONTRACTOR Chepenne #3
 TYPE OF JOB Surface
 HOLE SIZE 12 3/4 T.D. 1560
 CASING SIZE 8 7/8 x 24 DEPTH 1555
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL AFU Insect DEPTH 1511
 PRES. MAX 1200 MINIMUM 400
 MEAS. LINE _____ SHOE JOINT 44

OWNER Petrosantander Inc USA

CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 95 BRLS Fresh H₂O

CEMENT

AMOUNT ORDERED	<u>400</u>	5x <u>65.35.6</u>	± <u>3%</u>
cc	<u>1/4"</u>	<u>Flo-seal</u>	<u>150</u>
cc	<u>2 1/2"</u>	<u>gel</u>	<u>150</u>
COMMON	<u>150</u>	@ <u>7.85</u>	<u>1177.50</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>10.00</u>	<u>30.00</u>
CHLORIDE	<u>18</u>	@ <u>30.00</u>	<u>540.00</u>
liteweight	<u>400</u>	@ <u>7.35</u>	<u>2940.00</u>
Flo-seal	<u>100</u>	@ <u>1.40</u>	<u>140.00</u>
HANDLING	<u>595</u>	@ <u>1.10</u>	<u>654.50</u>
MILEAGE	<u>595</u>	x <u>50</u>	<u>29750.00</u>

EQUIPMENT

PUMP TRUCK # <u>343</u>	CEMENTER <u>Justin Hart</u>
	HELPER <u>Mark Beungardt</u>
BULK TRUCK # <u>261</u>	DRIVER <u>Dwayne West</u>
BULK TRUCK # <u>258</u>	DRIVER <u>Mark Haas</u>

TOTAL 6672.00

REMARKS:

Pipe on bottom, Drop Ball, Break Circ
460 5x 65.35.6 @ 2 1/2" 150 5x class A 1/2
@ 150" shut down Release Plug
Start Dip. @ 6 BPM @ 75 BRLS 1/4"
press slow rate 4 BPM @ 90 BRLS
slow rate 3 BPM Bump Plug @ 95 BRLS
400" to 1200" Release Press Float Held
circulated Cement

SERVICE

DEPTH OF JOB	<u>1560</u>
PUMP TRUCK CHARGE	<u>130.00</u>
EXTRA FOOTAGE	@ _____
MILEAGE	<u>20</u> @ <u>3.00</u> <u>60.00</u>
PLUG <u>8 7/8 TRP</u>	@ <u>100.00</u>

TOTAL 1290.00

CHARGE TO: Petrosantander Inc USA
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>8 7/8</u>	1- Guide Shoe	@	<u>215.00</u>
	1- AFU Insect	@	<u>325.00</u>
	1- Basket	@	<u>180.00</u>
	4- Centralizers	@ <u>55.00</u>	<u>220.00</u>

TOTAL 940.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE 1290.00
 DISCOUNT 350.00

SIGNATURE [Signature]

Mike Blanton
 PRINTED NAME

PAID IN 30 DAYS
88243

ALLIED CEMENTING CO., INC.

7357

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
NESS CITY

7-11-01

DATE <u>7-12-01</u>	SEC. <u>3</u>	TWP. <u>33s</u>	RANGE <u>30W</u>	CALLED OUT <u>11:00 PM</u>	ON LOCATION <u>12:00 PM</u>	JOB START <u>3:15 PM</u>	JOB FINISH <u>4:15 PM</u>
LEASE <u>SMU</u>	WELL # <u>306A</u>	LOCATION <u>PLAINS 3 1/2 S, 1/2 E, N1/2</u>			COUNTY <u>MEADE</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR CHEYENNE #3

TYPE OF JOB PROD. CSG

HOLE SIZE 7 7/8" T.D. 5800'

CASING SIZE 5 1/2" X 15.5" DEPTH 5800'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1200# MINIMUM _____

MEAS. LINE _____ SHOE JOINT 22.02'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 146 1/2 BBLs. H₂O

OWNER PETROSANTANDER USA

CEMENT

AMOUNT ORDERED 300 SK 50:50:2
+ 2% Calc² + 1/4# FLO-SEAL + .5% FL.

COMMON A	150	@	7.85	1177.50
POZMIX	150	@	3.55	532.50
GEL	5	@	10.00	50.00
CHLORIDE	6	@	30.00	180.00
FLO-SEAL	75#	@	1.40	105.00
FL-10	126#	@	8.00	1008.00
		@		
		@		
		@		
HANDLING	311	@	1.10	342.10
MILEAGE	311 X .50		.04	622.00

EQUIPMENT

PUMP TRUCK CEMENTER KEVIN BUNBANDT

224 HELPER JIM WELSHOUS

BULK TRUCK

344 DRIVER CONNIE MARQUIS

BULK TRUCK

_____ DRIVER _____

TOTAL 4017.10

REMARKS:

Ran 5 1/2" CSG + Break Circulation
mix 300 SK 50:50:2 + 2% Calc² + 1/4# FLO-SEAL
+ .5% FL-10 - wash pumps & lines
Displace plug to 5178' with 146 1/2
BBLs. Fresh water - bump plug
float did hold.

SERVICE

DEPTH OF JOB	<u>5800'</u>		
PUMP TRUCK CHARGE			<u>1428.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>20</u>	@	<u>3.00</u> <u>N/C</u>
PLUG	<u>5 1/2" TRP</u>	@	<u>60.00</u> <u>60.00</u>
		@	
		@	

TOTAL 1488.00

CHARGE TO: PETROSANTANDER USA

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

1 - BUZZ OF SHOE	@	150.00	150.00
1 - AFU INSERT	@	235.00	235.00
10 - CENTRALIZERS	@	50.00	500.00
	@		
	@		

TOTAL 885.00

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

[Signature]
PRINTED NAME

February 14, 2017

Liliana Hernandez
PetroSantander (USA) Inc.
6363 WOODWAY DR STE350
HOUSTON, TX 77057-1798

Re: Temporary Abandonment
API 15-119-21055-00-00
STEVENS (MORROW) UNIT 306A
NW/4 Sec.03-33S-30W
Meade County, Kansas

Dear Liliana Hernandez:

"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 02/14/2018.

- * 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 02/14/2018.

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

Very truly yours,

Michael Maier"