1351227

Form CP-111

March 2017

Form must be Typed

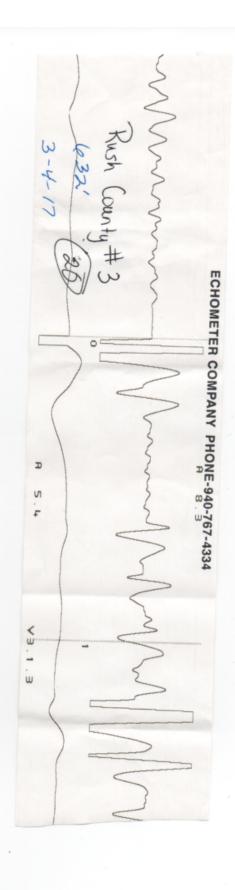
Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#   |                       |                    |             | API No. 15                      |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
|--|-----------------------|--------------------|-------------|---------------------------------|------------------|-------------------------|--------------|------------|----------|--|---------------------------------|-----------|---------|-----|----------|------------------------------|----------|-------|--------|--|--|--|
| Name:  |                       |                    |             | Spot Description:               |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Address 1:   |                       |                    |             |                                 | Sec.             | Twp                     | S. R         |            | E W      |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Address 2:   |                       |                    |             |                                 |                  | feet from               |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| City:       State:       Zip:       +          Contact Person: |                       |                    |             | feet from E / W Line of Section |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
|  |                       |                    |             | GPS Location: Lat:              |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
|  |                       |                    |             |                                 |                  |                         |              |            |          |  | Field Contact Person Phone: ( ) |           |         |     |          | SWD Permit #: ENHR Permit #: |          |       |        |  |  |  |
|  |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     | _        | •                            | Date Shu | t-In: |        |  |  |  |
|  |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 | Conductor | Surface | Pro | oduction | Intermediate                 | e Line   | r     | Tubing |  |  |  |
| Size   |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Setting Depth  |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Amount of Cement   |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Top of Cement  |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Bottom of Cement   |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Depth and Type:  | ALT. II Depth o       | f: DV Tool:(depth) | w /<br>Inch | Set at:                         | s of cement Po   | ort Collar:(depth) Feet |              |            | f cement |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Geological Date:   |                       |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Formation Name   |                       | p Formation Base   |             | ·                               |                  | etion Information       |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| 1  | At:                   | to Feet            | t Perfo     | ration Interval                 |                  | _ Feet or Open Hole     |              |            | Feet     |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| 2  | At:                   | to Feet            | t Perfo     | ration Interval -               | to               | _ Feet or Open Hole     | Interval     | to         | Feet     |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| IINDEB DENALTY OF BEI  | O IIIDV I UEDEDV ATTE |                    |             | ctronically                     |                  | CODDECTTOTUE            | DECT OF M    | A NEIUMI E | :DCE     |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                   | Date Tested:          | R                  |             | Date Plugged                    | : Date Repaired: | Date Put                | Back in Serv | rice:      |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| Review Completed by:   |                       |                    | Comn        | nents:                          |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
| TA Approved: Yes   | Denied Date:          |                    |             |                                 |                  |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |
|  |                       | Mail to the App    | propriate   | KCC Conserv                     | ration Office:   |                         |              |            |          |  |                                 |           |         |     |          |                              |          |       |        |  |  |  |

| these had been not take the and from home and was been been  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The contract of the contract o | 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 785.261.6250 |



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



Phone: 620-682-7933 http://kcc.ks.gov/

Sam Brownback, Governor

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

April 11, 2017

J. G. Murphey
Taos Resources Operating Company LLC
1455 W LOOP S SUITE 600
HOUSTON, TX 77027

Re: Temporary Abandonment API 15-165-21140-00-00 RUSH COUNTY FARM 3 NW/4 Sec.23-18S-18W Rush County, Kansas

## Dear J. G. Murphey:

"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 04/11/2018.

- \* 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 04/11/2018.

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

Very truly yours,

Michael Maier"