1363963

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: +                                      |                        |                              |          | GPS Location: Lat: feet from E / W Line of Section |  |                            |            |         |               |  |  |
| Contact Person:                              |                        |                              |          | GPS Location: Lat:                                 |  |                            |            |         |               |  |  |
| 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:          |                            |            |         |               |  |  |
|  | Conductor              | Surface                      | Dr       | oduction   | Intermediate   | Line                       | ar.        | Tubing  |               |  |  |
| Size   | Conductor              | Surface                      | FI       | Jauction   | memediate  | Lille                      | 71         | Tubing  |               |  |  |
| Setting Depth                                |                        |                              |          |  |  |                            |            |         |               |  |  |
| Amount of Cement                             |                        |                              |          |  |  |                            |            |         |               |  |  |
| Top of Cement                                |                        |                              |          |  |  |                            |            |         |               |  |  |
| Bottom of Cement                             |                        |                              |          |  |  |                            |            |         |               |  |  |
| Depth and Type:                              | T. I ALT. II Depth o   | f: DV Tool:(depth)           | w / _    | sack   | s of cement Po   | ort Collar:(depth) Feet    | w /        | sack o  | f cement      |  |  |
| Geological Date:                             |                        |                              |          |  |  |                            |            |         |               |  |  |
| Formation Name                               |                        | Formation Top Formation Base |          |  | Completion Information                                 |                            |            |         |               |  |  |
| 1  | At:                    | to Feet                      | Perfo    | ration Interval                                    |  | Feet or Open Hole Interval |            | to      | Feet          |  |  |
| 2  | At:                    | to Feet                      | Perfo    | ration Interval                                    | to   | Feet or Open Hole          | e Interval | to      | Feet          |  |  |
| UNDER REMAITY OF RE                          | D IIIDV I LIEDEDV ATTE |                              |          | ectronicall  |  | COBBECT TO THE             | BEST OF MV | KNOWI E | DOE           |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:           | Date Tested: Results:        |          |  | Date Plugged: Date Repaired: Date Put Back in Service: |                            |            |         |               |  |  |
| Review Completed by:                         |                        |                              | Comn     | nents:   |  |                            |            |         |               |  |  |
| TA Approved: Yes                             | Denied Date:           |                              |          |  |  |                            |            |         |               |  |  |
|  |                        | Mail to the App              | ropriate | KCC Conserv  | ation Office:  |                            |            |         |               |  |  |
|  |                        |                              |          |  |  |                            |            |         | $\overline{}$ |  |  |

| from two trees one one one one one and the body trees one one one one  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |
|--|--|--------------------|--|
| Name      | 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 |  |
| San Stree Street San Cod Spend Spire Spire Street S | 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

August 22, 2017

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

Re: Temporary Abandonment API 15-129-20768-00-00 BURSON-HUTCH 3-5 SE/4 Sec.05-31S-41W Morton County, Kansas

## Dear Brady Pfeiffer:

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 09/15/2018.

Your exception application expires on 09/15/2018.

- \* 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 09/15/2018.

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

Very truly yours,

Michael Maier