1369259

Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed

All blanks must be complete

| OPERATOR: License#  |                      |                             |          | API No. 15-                    |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|---|----------------------|-----------------------------|----------|--------------------------------|-------------------|------------------|-------------|----------------|--|------------------|-----------|---------|-----|------------|--------------|------------|-----|--------|
| OPERATOR: License#         Name:         Address 1:         Address 2:         City:       State:       Zip:       +         Contact Person:         Phone:()          Contact Person Email:          Field Contact Person Phone:() |                      |                             |          | API No. 15-  Spot Description: |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   |                      |                             |          | Sec Twp S. R EW                |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   |                      |                             |          |                                |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   |                      |                             |          | feet from E /W Line of Section |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   |                      |                             |          | GPS Location: Lat:             |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   |                      |                             |          |                                |                   |                  |             |                |  |                  |           |         |     | Spud Date: |              | Date Shut- | In: |        |
|   |                      |                             |          |                                |                   |                  |             |                |  |                  | Conductor | Surface | Pro | oduction   | Intermediate | Liner      |     | Tubing |
|   |                      |                             |          |                                |                   |                  |             |                |  | Size             |           |         |     |            |              |            |     |        |
|   |                      |                             |          |                                |                   |                  |             |                |  | Setting Depth    |           |         |     |            |              |            |     |        |
|   |                      |                             |          |                                |                   |                  |             |                |  | Amount of Cement |           |         |     |            |              |            |     |        |
| Top of Cement   |                      |                             |          |                                |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
| Bottom of Cement  |                      |                             |          |                                |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
| Depth and Type:   | I ALT. II Depth      | of: DV Tool:(depth)         | w/_      | sack                           | s of cement Port  | Collar:(depth)   |             |                |  |                  |           |         |     |            |              |            |     |        |
| Total Depth:  | Plug Ba              | ck Depth:                   |          | Plug Back Method:              |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
| Geological Date:  |                      |                             |          |                                |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
| Formation Name  | Formation            | Top Formation Base          |          |                                | Completio         | n Information    |             |                |  |                  |           |         |     |            |              |            |     |        |
| 1   | At:                  | to Feet                     | Perfo    | ration Interval                | toF               | eet or Open Hole | Interval    | _ toFeet       |  |                  |           |         |     |            |              |            |     |        |
| 2   | At:                  | to Feet                     | Perfo    | ration Interval                | to F              | eet or Open Hole | Interval    | toFeet         |  |                  |           |         |     |            |              |            |     |        |
| INDED DENALTY OF DED  | IIIDV I LIEDEDV ATTI | EST TUAT THE INCODMA        | TION CO  | NITAINED HED                   | EIN ISTOLIE AND O | OBBECT TO THE E  | DEST OF MV  | VNOW! EDGE     |  |                  |           |         |     |            |              |            |     |        |
|   |                      | Submitt                     | ed Ele   | ectronicall                    | y                 |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   |                      |                             |          |                                |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
| Do NOT Write in This<br>Space - KCC USE ONLY  | Date Tested:         | R<br>                       | Results: |                                | Date Plugged:     | Date Repaired:   | Date Put Ba | ck in Service: |  |                  |           |         |     |            |              |            |     |        |
| Review Completed by:  |                      |                             | Comn     | nents:                         |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
| TA Approved: Yes  | Denied Date:         |                             |          |                                |                   |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   |                      | Mail to the App             | ropriate | KCC Conserv                    | ation Office:     |                  |             |                |  |                  |           |         |     |            |              |            |     |        |
|   | KCC Dist             | rict Office #1 - 210 E. Fro |          |                                |                   |                  | Phone       | e 620.682.7933 |  |                  |           |         |     |            |              |            |     |        |

| from their trees now make the new finest trees make the large | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|---|--|--------------------|
|   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|   | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| See                       | 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

October 10, 2017

Ken Schaben Schaben Oil LLC 4145 KEYSTONE HAYS, KS 67601

Re: Temporary Abandonment API 15-135-23898-00-00 FOOS A-P TWIN 1 SW/4 Sec.31-19S-21W Ness County, Kansas

## Dear Ken Schaben:

"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 10/10/2018.

- \* 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 10/10/2018.

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

Very truly yours,

Michael Maier"