



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: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____ | | | | | |

Mail to the Appropriate KCC Conservation Office:

| | | |
|--|--|--------------------|
| | 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 |
| | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.261.6250 |

PRECISION WIRELINE and TESTING
 P.O. BOX 560
 LIBERAL, KANSAS 67905-0560
 620-624-4505

PRODUCER H & C OIL OPERATING, INC.
 WELL NAME SMUTNEY
 LOCATION C S/2 28-26S-31W
 COUNTY FINNEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 PERFS _____ TO _____ TO _____ TO _____ TO _____
 PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

| DATE TIME OF READING | ELAP TIME HOUR | WELLHEAD PRESSURE DATA | | | | | | MEASUREMENT DATA | | | | LIQUIDS | | TYPE | INITIAL | SPEICAL | ENDING | |
|--|----------------------|------------------------|------------|-------------|------------|-------------|------------|------------------|-------|------|-----------|---------------|----------------|-------|---------|---------|--------|---|
| | | CSG PSIG | Δ P CSG | TBG PSIG | Δ P TBG | BHP PSIG | Δ P BHP | PRESS PSIG | DIFF. | TEMP | Q MCFD | COND BBLs. | WATER BBLs. | TEST: | ANNUAL | RETEST | DATE | 11-29-17 |
| REMARKS PERTINENT TO TEST DATA QUALITY | | | | | | | | | | | | | | | | | | |
| WEDNESDAY | | | | | | | | | | | | | | | | | | |
| 11-29-17 | | | | | | | | | | | | | | | | | | ASSUME AVERAGE JT. LENGTH = 31.50' |
| 1000 | | 186.5 | | PUMP OFF | | | | | | | | | | | | | | CONDUCT LIQUID LEVEL DETERMINATION TEST |
| | | | | | | | | | | | | | | | | | | SHOT |
| | | | | | | | | | | | | | | | | | | JTS TO |
| | | | | | | | | | | | | | | | | | | FLUID |
| | | | | | | | | | | | | | | | | | | TO FLUID |
| | | | | | | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | 83.5 |
| | | | | | | | | | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | 83.5 |
| | | | | | | | | | | | | | | | | | | 2630' |
| | | | | | | | | | | | | | | | | | | 2630' |

December 05, 2017

Charles Ramsay
H & C Oil Operating Inc.
PO BOX 86
PLAINVILLE, KS 67663-0086

Re: Temporary Abandonment
API 15-055-20397-00-00
SMUTNEY 1
S/2 Sec.28-26S-31W
Finney County, Kansas

Dear Charles Ramsay:

"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 12/05/2018.

- * 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 12/05/2018.

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

Very truly yours,

Michael Maier"