#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                                    |                   |                    |             | API No. 15-                     |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|---|-------------------|--------------------|-------------|---------------------------------|--------------|--------------------|------------------|----|--------|-----------------------|--|--|--|--------------|---------------|----------------|-------------|-------|--|
| Name:   |                   |                    |             | Spot Description:               |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Address 1:  |                   |                    |             |                                 | Se           | ec Twp.            | S. R.            |    | E _ W  |                       |  |  |  |              |               |                |             |       |  |
| Address 2:  |                   |                    |             |                                 |              | fee                |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| City:   State:  Zip:  +    Contact Person:     Phone: |                   |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             |                                 |              |                    |                  |    |        | Contact Person Email: |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             |                                 |              |                    |                  |    |        | Field Contact Person: |  |  |  | Well Type: ( | (check one) 🗌 | Oil 🗌 Gas 🗌 OG | s 🗌 wsw 🗌 c | ther: |  |
| Field Contact Person Phone:                           |                   |                    |             | SWD Permit #:    ENHR Permit #: |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   | ()                |                    |             |                                 | 0            |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             | Spud Date:                      |              | Dat                | e Shut-In:       |    |        |                       |  |  |  |              |               |                |             |       |  |
|   | Conductor         | Surface            | Pro         | oduction                        | Intermedi    | ate                | Liner            | -  | Tubing |                       |  |  |  |              |               |                |             |       |  |
| Size  |                   |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Setting Depth   |                   |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Amount of Cement                                      |                   |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Top of Cement   |                   |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Bottom of Cement                                      |                   |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Casing Fluid Level from Surf                          | ace:              | How D              | Determined? |                                 |              |                    | Dat              | e: |        |                       |  |  |  |              |               |                |             |       |  |
| Casing Squeeze(s):                                    | to w              | / sacks of o       | cement,     | to                              | (bottom) w / | sacks              | s of cement. Dat | e: |        |                       |  |  |  |              |               |                |             |       |  |
| Do you have a valid Oil & Ga                          | is Lease? 🗌 Yes [ | No                 |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Depth and Type: Dunk ir                               | Hole at           | Tools in Hole at   | Ca          | sing Leaks:                     | Yes No       | Depth of casing I  | eak(s):          |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Type Completion: ALT.                                 |                   |                    |             |                                 |              |                    | lepth)           | `  |        |                       |  |  |  |              |               |                |             |       |  |
| Packer Type:  | Size:             |                    | Inch        | Set at:                         |              | Feet               |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   | ck Depth:          |             | Plug Back Meth                  | od:          |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Total Depth:  | Plug Ba           | ек Берин.          |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   | Plug Ba           |                    |             |                                 |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Total Depth:  |                   | Top Formation Base |             |                                 | Com          | pletion Informatio | n                |    |        |                       |  |  |  |              |               |                |             |       |  |
| Total Depth:  | Formation         | Top Formation Base | et Perfo    | ration Interval .               |              | pletion Informatio |                  | t  | oFee   |                       |  |  |  |              |               |                |             |       |  |

### Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: Yes De                          | enied 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 |

## STATE OF KANSAS

Corporation Commission Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



PHONE: 620-902-6450 http://kcc.ks.gov/

GOVERNOR JEFF COLYER, M.D. Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Dwight D. Keen, Commissioner

May 01, 2018

kerry patrick Patrick Development Corporation 3408 W 93 RD LEAWOOD, KS 66206-2005

Re: Temporary Abandonment API 15-207-02672-00-00 EARL GRAY 31 NE/4 Sec.19-26S-17E Woodson County, Kansas

Dear kerry patrick:

"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 05/01/2019.

\* 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 05/01/2019.

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

Very truly yours,

Alan Dunning"