July 2017
Form must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| ODEDATOD: License# | | | | ADIN- 45 | | | | |
|--|--------------------|---|-----------|--|--|----------------------|-------------------------|--|
| OPERATOR: License# Name: | | | | API No. 15- Spot Description: | | | | |
| | | | | | ' | | R DE W | |
| Address 1: | | | | | | | I / S Line of Section | |
| Address 2: | | | | | | | / W Line of Section | |
| City: + Contact Person: | | | | GPS Location: Lat:, Long: | | | | |
| | | | | Datum: _ | NAD27 NAD83 | WGS84 | | |
| Phone:() | | | | | ne: Ele | | GL KB | |
| Contact Person Email: | | | | Well Type: (check one) Oil Gas OG WSW Other: | | | | |
| Field Contact Person Phone: () | | | | SWD Permit #: ENHR Permit #: | | | | |
| | | | | | | | | |
| | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing | |
| Size | | | | | | | - Table 1 | |
| Setting Depth | | | | | | | | |
| Amount of Cement | | | | | | | | |
| Top of Cement | | | | | | | | |
| Bottom of Cement | | | | | | | | |
| 0 : 51:11 16 0 6 | | | | | | | | |
| Casing Fluid Level from Surfac | | | | | | | | |
| Casing Squeeze(s): | to w / | Sacks of C | ement, | (top) | (bottom) W / | Sacks of Cernent. | Jale | |
| Do you have a valid Oil & Gas | Lease? Yes | No | | | | | | |
| Depth and Type: Junk in F | Hole at | Tools in Hole at | Ca | sing Leaks: | Yes No Depth o | f casing leak(s): | | |
| Type Completion: ALT. I | | | | | | | | |
| Packer Type: | | | | | | (аериі) | | |
| Total Depth: | Plug Back Depth: | | | Plug Back Method: | | | | |
| Geological Date: | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Completion I | oformation | | |
| 1 | · | | | | pration IntervaltoFeet or Open Hole IntervaltoFeet | | | |
| 2 | | | | pration Interval to Feet or Open Hole Interval to Feet | | | | |
| £ | At | 10 1 66 | et rend | ialion intervar | 101 661 | or Open Hole Intervi | ai to i eet | |
| INDED DENALTY OF BED II | IDV I LIEDEDV ATTI | ECT TUAT THE INCODM | ATION CO | NTAINED HE | DEIN IS TOLIE AND COR | DECTTO THE DECT | OF MV KNOW! EDGE | |
| | | Submit | ted Ele | ctronical | V | | | |
| | | | | | • | | | |
| | | | | | | | | |
| Do NOT Write in This Date Tested: Results: | | | | | Date Plugged: | Date Repaired: Da | te Put Back in Service: | |
| Space - KCC USE ONLY | | _ | | | | | | |
| Review Completed by: | | | Comn | nents: | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | |
| | | Mail to the Ap | propriate | KCC Conser | vation Office: | | | |
| There have been been been an and heavy | KCC Dist | KCC District Office #1 - 210 E. Frontview, Suit | | | | Phone 620.682.7933 | | |
| | | | | | | Phone 316.337.7400 | | |
| The second secon | | KCC District Office #2 - 3450 N. Rock Road, | | | | 0.0.001.11100 | | |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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

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 24, 2018

Nina Flowers D & Z Exploration, Inc. 900 N ELM ST. PO BOX 159 ST ELMO, IL 62458

Re: Temporary Abandonment API 15-003-23894-00-00 HASTERT 4-W SE/4 Sec.13-20S-20E Anderson County, Kansas

Dear Nina Flowers:

- "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 05/24/2019.
- * 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 05/24/2019.

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

Very truly yours,

Ryan Duling"