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

| OPERATOR: License#                                               |                              |                                                                                  |                                                     |                        | API No. 15-                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                 |                    |              |        |        |
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| Name:                                                            |                              |                                                                                  |                                                     |                        | Spot Description:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                 |                    |              |        |        |
| Address 1:                                                       |                              |                                                                                  |                                                     |                        | Sec Twp S. R E W                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                 |                    |              |        |        |
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| Packer Type: Total Depth:  Geological Date: Formation Name  1  2 | in Hole at(de <sub>j</sub> I | Yes No Tools in Depth of: DV Size: Plug Back Depth: rmation Top Form to to to to | Hole at(depth)  Tool:(depth)  nation Base Feet Feet | Ca  W / -  Inch  Perfo | sing Leaks: sack: Set at: Plug Back Meth ration Interval | Yes No Depth of completion to Fee to | of casing leak(s): w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w / w | al to Feet |                 |                    |              |        |        |
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| Do NOT Write in This<br>Space - KCC USE ONLY                     |                              |                                                                                  |                                                     | sults:                 | Date Plugged: Date Repaired: Date Put Back in Service:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                 |                    |              |        |        |
| Review Completed by:                                             |                              |                                                                                  |                                                     | Comn                   | nents:                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                 |                    |              |        |        |
| TA Approved: Yes                                                 | Denied                       | Date:                                                                            |                                                     |                        |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                 |                    |              |        |        |
|                                                                  |                              | М                                                                                | ail to the Appr                                     | opriate                | KCC Conserv                                              | vation Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                 |                    |              |        |        |
| State State State State State State and Acad material            | K                            | KCC District Office #1 - 210 E. Frontview, Suit                                  |                                                     |                        |                                                          | ty, KS 67801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phone 620.682.7933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                 |                    |              |        |        |
| **************************************                           | K                            | KCC District Office #2 - 3450 N. Rock Road,                                      |                                                     |                        |                                                          | Suite 601, Wichita, KS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone 316.337.7400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                 |                    |              |        |        |

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 NO. 1 210 E. FRONTVIEW, SUITE A DODGE CITY, KS 67801



PHONE: 620-682-7933 http://kcc.ks.gov/

## $Governor\ Jeff\ Colyer,\ M.D.$ Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Dwight D. Keen, Commissioner

May 22, 2018

Gary Wagner Tengasco, Inc. 1327 NOOSE RD PO BOX 458 HAYS, KS 67601-9744

Re: Temporary Abandonment API 15-145-21329-00-00 OETKIN 2 NW/4 Sec.24-20S-16W Pawnee County, Kansas

## Dear Gary Wagner:

- "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 05/22/2019.
- \* 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 05/22/2019.

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

Very truly yours,

Michael Maier"