#### 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:                  |                 |                   |                 |                           |                        | fe                          |              |          |           |       |
| City:                       | State:          | Zip:              | +               | GPS Location: Lat:, Long: |                        |                             |              |          |           |       |
| Contact Person:             |                 |                   |                 |                           | (6                     | .g. xx.xxxxx)<br>AD83 WGS84 | , Long:      | (e.gxxx. | .xxxxx)   |       |
| Phone:()                    |                 |                   |                 |                           |                        | Elevation:                  |              |          | GL        | Пкв   |
| Contact Person Email:       |                 |                   |                 | -                         |                        |                             |              |          |           |       |
| Field Contact Person:       |                 |                   |                 | Well Type: (c             | heck one) 🗌 (          | Oil 🗌 Gas 🗌 OC              | G 🗌 wsw 🗌 d  | Other:   |           |       |
| Field Contact Person Phon   |                 |                   |                 |                           |                        | [                           |              | #:       |           |       |
|                             | ()              |                   |                 |                           |                        |                             |              |          |           |       |
|                             |                 |                   |                 | Spud Date: _              |                        | Da                          | ite Shut-In: |          |           |       |
|                             | Conductor       | Surface           | Pro             | duction                   | Intermedia             | ate                         | Liner        |          | Tubing    |       |
| Size                        |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Setting Depth               |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Amount of Cement            |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Top of Cement               |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Bottom of Cement            |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Casing Fluid Level from Su  | rface:          | F                 | low Determined? |                           |                        |                             | Dat          | te:      |           |       |
| Casing Squeeze(s):          |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Do you have a valid Oil & O | as Lease? 🗌 Yes | No                |                 |                           |                        |                             |              |          |           |       |
| Depth and Type: 🗌 Junk      | in Hole at      | Tools in Hole at  | Ca              | sing Leaks:               | Yes 🗌 No               | Depth of casing             | leak(s):     |          |           |       |
|                             |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Type Completion: ALT        |                 |                   |                 |                           |                        |                             | depth)       |          | Sack of C | ,emem |
| Packer Type:                | Size: _         |                   | Inch            | Set at:                   |                        | Feet                        |              |          |           |       |
| T ( I D )                   | Plug B          | ack Depth:        |                 | Plug Back Method          | d:                     |                             |              |          |           |       |
| Iotal Depth:                |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Geological Date:            |                 |                   |                 |                           | Completion Information |                             |              |          |           |       |
| Geological Date:            | Formatio        | n Top Formation B | ase             |                           | Com                    | pletion Information         | on           |          |           |       |
|                             |                 |                   |                 | ration Interval           |                        | pletion Informatio          |              | t        | to        | _Feet |

### 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

August 22, 2018

REX R. ASHLOCK Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-001-25997-00-00 PALMER 6 SW/4 Sec.13-25S-19E Allen County, Kansas

Dear REX R. ASHLOCK:

"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 08/22/2019.

\* 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 08/22/2019.

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

Very truly yours,

Dallas Logan"