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

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#<br>Name:<br>Address 1:<br>Address 2: |                              |               |                 | API No. 15   |  |                            |        |                                |  |
|---|------------------------------|---------------|-----------------|--|--|----------------------------|--------|--------------------------------|--|
|   |                              |               |                 |  |  |                            |        |                                |  |
|   |                              |               |                 |  |  |                            |        |                                |  |
|   |                              |               |                 | City:  | State:                                       | Zip:                       | _ +    | feet from E /W Line of Section |  |
| Contact Person:   |                              |               |                 | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |  |                            |        |                                |  |
|   |                              |               |                 | County:  |  |                            |        |                                |  |
|   |                              |               |                 | Lease Name: Well #:  |  |                            |        |                                |  |
|   |                              |               |                 | Well Type: (d  | Well Type: (check one) Oil Gas OG WSW Other: |                            |        |                                |  |
| Field Contact Person Phon                               |                              |               |                 |  |  | ENHR Permit #              | :      |                                |  |
|   | ()                           |               |                 |  |  | Dete Obset las             |        |                                |  |
|   |                              |               |                 | Spud Date:   |  | Date Shut-In:              |        |                                |  |
|   | Conductor                    | Surface       | • F             | Production   | Intermedia                                   | ate Liner                  | Tubing |                                |  |
| Size  |                              |               |                 |  |  |                            |        |                                |  |
| Setting Depth   |                              |               |                 |  |  |                            |        |                                |  |
| Amount of Cement  |                              |               |                 |  |  |                            |        |                                |  |
| Top of Cement   |                              |               |                 |  |  |                            |        |                                |  |
| Bottom of Cement  |                              |               |                 |  |  |                            |        |                                |  |
| Casing Fluid Level from Su                              | rface:                       |               | How Determine   | d?   |  | Date                       |        |                                |  |
| Casing Squeeze(s):                                      | ) to w                       | s/sa          | acks of cement, | to   | (bottom) w / _                               | sacks of cement. Date      | :      |                                |  |
| Do you have a valid Oil & O                             | Gas Lease? 🗌 Yes             | No            |                 |  |  |                            |        |                                |  |
| Depth and Type: Unk                                     | in Hole at                   | Tools in Hole | at (            | Casing Leaks:  | Yes No                                       | Depth of casing leak(s):   |        |                                |  |
|   |                              |               |                 |  |  |                            |        |                                |  |
|   |                              |               |                 |  |  | Port Collar: w /           |        | Comon                          |  |
| Packer Type:  | Size: _                      |               | Inc             | ch Set at:   |  | Feet                       |        |                                |  |
| Total Depth:  | Plug B                       | ack Depth:    |                 | Plug Back Method   | od:  |                            |        |                                |  |
|   |                              |               |                 |  |  |                            |        |                                |  |
| Geological Date:  | Formation Top Formation Base |               |                 | Completion Information                                       |  |                            |        |                                |  |
| -   | Formatio                     |               |                 |  |  |                            |        |                                |  |
| Geological Date: Formation Name 1                       |                              | to            | Feet Per        | rforation Interval _   | to   | Feet or Open Hole Interval | 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 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

August 28, 2018

Tisha Love Castelli Exploration, Inc. 6908 NW 112TH OKLAHOMA CITY, OK 73162-2976

Re: Temporary Abandonment API 15-047-20882-00-00 SMITH-HON 1 SE/4 Sec.02-25S-16W Edwards County, Kansas

Dear Tisha Love:

"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 08/28/2019.

\* 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 08/28/2019.

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

Very truly yours,

Michael Maier"