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

Form must be signed

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#<br>Name:<br>Address 1:<br>Address 2: |   |               |                        | API No. 15-        | API No. 15-    Spot Description: |                            |        |         |  |  |
|---|---|---------------|------------------------|--------------------|----------------------------------|----------------------------|--------|---------|--|--|
|   |   |               |                        | Spot Descri        |                                  |                            |        |         |  |  |
|   |   |               |                        | .                  |                                  |                            |        |         |  |  |
|   |   |               |                        | -                  |                                  |                            |        |         |  |  |
| City:   | State:                                  | Zip:          | _ +                    |                    |                                  |                            |        |         |  |  |
| Contact Person:   |   |               |                        |                    |                                  |                            |        |         |  |  |
| Phone:()  |   |               |                        |                    | County: Elevation: GL KB         |                            |        |         |  |  |
|   |   |               |                        |                    | Lease Name:                      |                            |        |         |  |  |
|   |   |               |                        | Well Type: (d      |                                  |                            |        |         |  |  |
| Field Contact Person Phon                               |   |               |                        |                    | SWD Permit #: ENHR Permit #:     |                            |        |         |  |  |
|   | //                                      |               |                        |                    |                                  |                            |        |         |  |  |
|   |   |               |                        | Spud Date:         |                                  | Date Shut-In:              |        |         |  |  |
|   | Conductor                               | Surface       |                        | Production         | Intermedi                        | ate Liner                  | Tubing | 1       |  |  |
| 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                                    | / sa          | cks of cement,         | to                 | (bottom) w /                     | sacks of cement. Date      | :      |         |  |  |
| Do you have a valid Oil & G                             | Gas Lease? 🗌 Yes                        | No            |                        |                    |                                  |                            |        |         |  |  |
| Depth and Type: Junk                                    | in Hole at                              | Tools in Hole | at                     | Casing Leaks:      | Yes No                           | Depth of casing leak(s):   |        |         |  |  |
|   |   |               |                        |                    |                                  | Port Collar: w /           |        |         |  |  |
| Packer Type:  |   |               | ,                      |                    |                                  |                            |        | . comon |  |  |
| Раскег Туре:  | Size: _                                 |               | In                     | ch Set at:         |                                  | Feet                       |        |         |  |  |
| Total Depth:  | Plug B                                  | ack Depth:    |                        | Plug Back Method   | od:                              |                            |        |         |  |  |
| Geological Date:  |   |               |                        |                    |                                  |                            |        |         |  |  |
| Formation Name  | Jame    Formation Top    Formation Base |               | Completion Information |                    |                                  |                            |        |         |  |  |
|   | <b>.</b> .                              | to            | Feet Pe                | rforation Interval | to                               | Feet or Open Hole Interval | to     | Feet    |  |  |
| 1   | At:                                     |               |                        |                    |                                  |                            |        |         |  |  |

### 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

October 01, 2018

Rob Eberhart Bobcat Oilfield Services, Inc. 602 W. Amity, Suite 103 LOUISBURG, KS 66053-8108

Re: Temporary Abandonment API 15-121-25782-00-00 GOOD 25 W SE/4 Sec.11-17S-24E Miami County, Kansas

Dear Rob Eberhart:

"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 10/01/2019.

\* 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 10/01/2019.

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

Very truly yours,

Levi Short"