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

Form must be signed

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#          |                                   |               |               | API No. 15-            | API No. 15   |                            |        |          |  |  |
|-----------------------------|-----------------------------------|---------------|---------------|------------------------|--|----------------------------|--------|----------|--|--|
| Name:                       |                                   |               |               | _ Spot Descri          | Spot Description:  |                            |        |          |  |  |
| Address 1:                  |                                   |               |               | _                      | Se   | ec Twp S. R                |        | E 🗌 W    |  |  |
| Address 2:                  |                                   |               |               |                        | feet from N / S Line of Section  |                            |        |          |  |  |
| City:                       | State:                            | Zip:          | _ +           |                        | feet from L E / L W Line of Section  |                            |        |          |  |  |
| Contact Person:             |                                   |               |               | GF 5 LUCali            | GPS Location: Lat: , Long:    Datum:  NAD27    NAD27  NAD83    WGS84    County: Elevation: |                            |        |          |  |  |
|                             |                                   |               |               |                        |  |                            |        |          |  |  |
|                             |                                   |               |               |                        | Lease Name: Well #:  |                            |        |          |  |  |
| Field Contact Person:       |                                   |               |               | Well Type: (           | check one) 🗌   | Oil Gas OG WSW Ot          | her:   |          |  |  |
| Field Contact Person Phon   |                                   |               |               |                        | SWD Permit #: ENHR Permit #:   |                            |        |          |  |  |
|                             | ()                                |               |               |                        |  |                            |        |          |  |  |
|                             |                                   |               |               | Spud Date:             |  | Date Shut-In:              |        |          |  |  |
|                             | Conductor                         | Surface       | 9             | Production             | Intermedia   | ate Liner                  | Tubing | J        |  |  |
| Size                        |                                   |               |               |                        |  |                            |        |          |  |  |
| Setting Depth               |                                   |               |               |                        |  |                            |        |          |  |  |
| Amount of Cement            |                                   |               |               |                        |  |                            |        |          |  |  |
| Top of Cement               |                                   |               |               |                        |  |                            |        |          |  |  |
| Bottom of Cement            |                                   |               |               |                        |  |                            |        |          |  |  |
| Casing Fluid Level from Su  | rface:                            |               | How Determine | èd?                    |  | Date                       |        |          |  |  |
| 0                           |                                   |               |               |                        |  | sacks of cement. Date      |        |          |  |  |
| Do you have a valid Oil & G | Gas Lease? 🗌 Yes                  | No            |               |                        |  |                            |        |          |  |  |
| Depth and Type:             | in Hole at                        | Tools in Hole | at            | Casing Leaks:          | Yes No   | Depth of casing leak(s):   |        |          |  |  |
|                             |                                   |               |               |                        |  | Depth of casing leak(s):   |        |          |  |  |
|                             |                                   |               |               |                        |  | ]Port Collar: w /          | sack o | it cemen |  |  |
| Packer Type:                | Size:                             |               | In            | ch Set at:             |  | Feet                       |        |          |  |  |
| Total Depth:                | Plug B                            | ack Depth:    |               | _ Plug Back Meth       | od:  |                            |        |          |  |  |
| Geological Date:            |                                   |               |               |                        |  |                            |        |          |  |  |
| Formation Name              | Name Formation Top Formation Base |               |               | Completion Information |  |                            |        |          |  |  |
|                             | ۸+۰                               | to            | Feet Pe       | erforation Interval    | to   | Feet or Open Hole Interval | to     | Feet     |  |  |
| 1                           | Al                                |               |               |                        |  |                            |        |          |  |  |

### Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | Denied 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 |
| Ann bes long that the long the | 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

October 09, 2018

Margery L. Nagel F. G. Holl Company L.L.C. 9431 E CENTRAL STE 100 WICHITA, KS 67206-2563

Re: Temporary Abandonment API 15-007-23073-00-00 TERNES TRUST 2-28 NE/4 Sec.28-30S-14W Barber County, Kansas

Dear Margery L. Nagel:

"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 10/09/2019.

\* 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 10/09/2019.

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

Very truly yours,

Michael Maier"