Form CP-111 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-  |   |  |                                      |  |  |    |  |     |          |              |       |        |
|--|--------------------------|--|-------------------|-------------------------------|--|---|--|--------------------------------------|--|--|----|--|-----|----------|--------------|-------|--------|
| Name:  |                          |  |                   |                               | Spot Description:  |   |  |                                      |  |  |    |  |     |          |              |       |        |
| Address 1:   |                          |  |                   |                               |  | •   |  | R                                    |  |  |    |  |     |          |              |       |        |
| Address 2:       State:       Zip:       +         Contact Person:       |                          |  |                   |                               |  |   |  |                                      |  |  |    |  |     |          |              |       |        |
|  |                          |  |                   |                               |  |   |  |                                      |  |  | We |  |     |          |              |       |        |
|  |                          |  |                   |                               |  |   |  |                                      | Well Type: (check one)  Oil  Gas  OG  WSW Other:  ENHR Permit #:  ENHR Permit #:  Syud Date: Date Shut-In: |  |    |  |     |          |              |       |        |
|  |                          |  |                   |                               |  |   |  |                                      |  |  |    |  |     |          |              |       |        |
|  |                          |  |                   |                               |  | Conductor   | Surfa  | ace                                  |  |  |    |  | Pro | oduction | Intermediate | Liner | Tubing |
|  |                          |  |                   |                               | Size   |   |  |                                      |  |  |    |  |     |          |              |       |        |
|  |                          |  |                   |                               | Setting Depth  |   |  |                                      |  |  |    |  |     |          |              |       |        |
|  |                          |  |                   |                               | Amount of Cement   |   |  |                                      |  |  |    |  |     |          |              |       |        |
| Top of Cement  |                          |  |                   |                               |  |   |  |                                      |  |  |    |  |     |          |              |       |        |
| Bottom of Cement   |                          |  |                   |                               |  |   |  |                                      |  |  |    |  |     |          |              |       |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type: | As Lease? Yes  I Hole at | No Tools in Ho th of: DV Too Back Depth:  on Top Formatic to  to  to | on Base Feet Feet | Ca  W / _  Inch  Perfo  Perfo | sing Leaks: sack: Set at: Plug Back Meth ration Interval | Yes No Depth s of cement Port ( Fee  od:  Completion to Fee  to Fee | n of casing leak(s): w / Collar: w / et n Information eet or Open Hole Interva | sack of cement al to Feet al to Feet |  |  |    |  |     |          |              |       |        |
|  |                          |  | Submitte          | ed Ele                        | ctronicall   | У   |  |                                      |  |  |    |  |     |          |              |       |        |
| 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 Da                | te:  |                   |                               |  |   |  |                                      |  |  |    |  |     |          |              |       |        |
|  |                          | Mail   | to the Appr       | opriate                       | KCC Conserv  | ation Office:   |  |                                      |  |  |    |  |     |          |              |       |        |
| Share State State State State State State States Salary States           | KCC D                    | KCC District Office #1 - 210 E. Frontview, Sui                       |                   |                               |  | ty, KS 67801  | Phone 620.682.7933   |                                      |  |  |    |  |     |          |              |       |        |
|  | KCC D                    | 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

November 08, 2018

Jack Yost M.A. Yost Operations, Inc PO BOX 811 RUSSELL, KS 67665-0811

Re: Temporary Abandonment API 15-145-21330-00-00 NELSON A 2 NE/4 Sec.23-20S-16W Pawnee County, Kansas

## Dear Jack Yost:

- "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 11/08/2019.
- \* 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 11/08/2019.

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

Very truly yours,

Michael Maier"