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

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1:   |   |              |               |                        | API No. 15        |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
|---|---|--------------|---------------|------------------------|-------------------|---------------|------------|--------------------|-------|--------|--------|---------------------------|--|--|--|--|------------------------------|------------|-------------|----------|----------|--|--|
|   |   |              |               |                        | Spot Description: |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
|   |   |              |               |                        | Sec Twp S. R E W  |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Address 2:       City:       Zip: +         Contact Person:       Phone: () |   |              |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
|   |   |              |               |                        |                   |               |            |                    |       |        |        | Contact Person Email:     |  |  |  |  |                              |            |             | We       |          |  |  |
|   |   |              |               |                        |                   |               |            |                    |       |        |        | Field Contact Person:     |  |  |  |  | Well Type: (                 | check one) | ] Oil 🗌 Gas | og wsw [ | Other: _ |  |  |
|   |   |              |               |                        |                   |               |            |                    |       |        |        | Field Contact Person Phon |  |  |  |  | SWD Permit #: ENHR Permit #: |            |             |          |          |  |  |
|   |   |              |               |                        |                   | rage Permit # |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
|   |   |              |               |                        | Spud Date:        |               |            | _ Date Shut-In:    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
|   | Conductor                                 | Surfa        | ce            | Proc                   | luction           | Intermed      | diate      | Liner              |       | Tubing |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Size  |   |              |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Setting Depth   |   |              |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Amount of Cement  |   |              |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Top of Cement   |   |              |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Bottom of Cement  |   |              |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Casing Fluid Level from Su  | rface:                                    |              | How Deter     | mined?                 |                   |               |            |                    | Date: |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Casing Squeeze(s):  |   |              | sacks of ceme | ent,                   | to                | (bottom) w /  |            | sacks of cement.   | Date: |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Do you have a valid Oil & O   | Sas Lease? Yes                            | No           |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Depth and Type: Unk   | in Hole at                                | Tools in Hol | e at          | _ Cas                  | ing Leaks:        | Yes No        | Depth of c | asing leak(s):     |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Type Completion:  |   |              |               |                        |                   |               |            |                    |       |        | cement |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Packer Type:  |   |              | ,             |                        |                   |               |            | (depth)            |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Total Depth:  | Plug Back Depth:                          |              |               | P                      | Plug Back Method: |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Geological Date:  |   |              |               |                        |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| Formation Name  | rmation Name Formation Top Formation Base |              |               | Completion Information |                   |               |            |                    |       |        |        |                           |  |  |  |  |                              |            |             |          |          |  |  |
| 1   | At:                                       | to           | Feet          | Perfora                | ation Interval _  | to            | Feet c     | r Open Hole Interv | al    | to     | Feet   |                           |  |  |  |  |                              |            |             |          |          |  |  |
| 2   | At:                                       | to           | Feet          | Perfora                | ation Interval -  | to            | Feet c     | r Open Hole Interv | al    | 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 🗌 [                       | 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 |
|  | 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 23, 2018

Michael Foster Linn Operating, LLC 600 TRAVIS STE 1700 HOUSTON, TX 77002-3018

Re: Temporary Abandonment API 15-189-20051-00-00 KEEFER 2-10 NE/4 Sec.09-31S-38W Stevens County, Kansas

Dear Michael Foster:

"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 10/23/2019.

\* 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 10/23/2019.

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

Very truly yours,

Michael Maier"