#### 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                                                   |                  |             |                        |     |                  |  |
|-------------------------------------------------|------------------------------------|---------------|-------------|---------|--------------------------------------------------------------|------------------|-------------|------------------------|-----|------------------|--|
|                                                 |                                    |               |             | _       |                                                              |                  |             |                        |     |                  |  |
| Address 1:                                      |                                    |               |             |         | Sec Twp S. R E W                                             |                  |             |                        |     |                  |  |
| Address 2:                                      |                                    |               |             | _       |                                                              |                  |             | feet fromN /           |     |                  |  |
| City:   Zip:  +     Contact Person:    Phone:() |                                    |               |             |         | GPS Location: Lat:, Long:                                    |                  |             |                        |     |                  |  |
|                                                 |                                    |               |             |         | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |                  |             |                        |     |                  |  |
|                                                 |                                    |               |             |         | County: Elevation: GL KB                                     |                  |             |                        |     |                  |  |
| Contact Person Email:                           |                                    |               |             |         | Lease Name                                                   | ə:               |             | Well #                 | :   |                  |  |
| Field Contact Person:                           |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Field Contact Person Phone                      |                                    |               |             |         |                                                              |                  |             | ENHR Permit            | #:  |                  |  |
|                                                 | · · ·                              |               |             |         |                                                              | rage Permit #: _ |             | Date Shut-In:          |     |                  |  |
|                                                 | Conductor                          | Surface       | e           | Produ   | iction                                                       | Intermedi        | ate         | Liner                  | т   | ubing            |  |
| Size                                            |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Setting Depth                                   |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Amount of Cement                                |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Top of Cement                                   |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Bottom of Cement                                |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Casing Fluid Level from Sur                     | face:                              |               | How Determi | ined?   |                                                              |                  |             | Dat                    | ie: |                  |  |
| Casing Squeeze(s):                              |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Do you have a valid Oil & G                     | as Lease? 🗌 Yes 🏾                  | No            |             |         |                                                              |                  |             |                        |     |                  |  |
| Depth and Type: Junk                            | in Hole at                         | Tools in Hole | at          | Casir   | ng Leaks:                                                    | Yes 🗌 No         | Depth of ca | asing leak(s):         |     |                  |  |
| Type Completion:                                |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Packer Type:                                    |                                    |               |             |         |                                                              |                  |             | (depth)                |     |                  |  |
|                                                 | Plug Back Depth: Plug Back Method: |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Geological Date:                                |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
| Formation Name                                  | Formation Top Formation Base       |               |             |         | Completion Information                                       |                  |             |                        |     |                  |  |
| 1                                               | At:                                | to            | Feet        | Perfora | ion Interval _                                               | to               | Feet o      | r Open Hole Interval_  | to  | Enternation Feet |  |
| 2                                               | At:                                | to            | Feet        | Perfora | ion Interval -                                               | to               | Feet o      | r Open Hole Interval – | tc  | Feet             |  |
|                                                 |                                    |               |             |         |                                                              |                  |             |                        |     |                  |  |
|                                                 |                                    |               | ubmitted    |         |                                                              |                  |             |                        |     |                  |  |

### 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:

| Norm    Norm <th< th=""><th>KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801</th><th>Phone 620.682.7933</th></th<> | 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. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 FAX: 785-625-0564 http://kcc.ks.gov/

GOVERNOR JEFF COLYER, M.D. Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Dwight D. Keen, Commissioner

November 26, 2018

Todd Smith Venture Resources, Inc. 2255 S WADSWORTH, STE 205 LAKEWOOD, CO 80227

Re: Temporary Abandonment API 15-195-30258-00-01 HURT ELSIE L OWWO 4 NE/4 Sec.15-12S-21W Trego County, Kansas

Dear Todd Smith:

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 11/26/2019.

Your exception application expires on 01/05/2020.

\* 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 11/26/2019.

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

Very truly yours,

**RICHARD WILLIAMS**