KOLAR Document ID: 1436600

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

|  |                               |                       |                      | ı  |                    |                      |            |             |         |                            |
|--|-------------------------------|-----------------------|----------------------|--|--------------------|----------------------|------------|-------------|---------|----------------------------|
| OPERATOR: License#                           |                               |                       |                      | API No. 15-  |                    |                      |            |             |         |                            |
| Name:  |                               |                       |                      |  | iption:            |                      |            |             |         |                            |
| Address 1:                                   |                               |                       |                      | Sec Twp S. R E _ W feet from _ N / _ S Line of Section |                    |                      |            |             |         |                            |
| Address 2:                                   |                               |                       |                      |  |                    |                      |            |             |         |                            |
| City:  | State:                        | _ Zip:                | +                    |  |                    |                      |            |             | Section |                            |
| Contact Person:                              |                               |                       |                      |  | GPS Location: Lat: |                      |            |             |         |                            |
| Phone:( )                                    |                               |                       |                      | County: GL   |                    |                      |            |             | KB      |                            |
|  |                               |                       |                      | Lease Name:  |                    |                      |            |             |         |                            |
|  |                               |                       |                      |  |                    |                      |            |             |         | Field Contact Person Phone |
|  |                               |                       |                      | _  |                    |                      | in:        |             |         |                            |
|  | Conductor                     | Surface               | Pro                  | duction  | Intermediate       | Liner                |            | Tubing      |         |                            |
| Size   |                               |                       |                      |  |                    |                      |            |             |         |                            |
| Setting Depth                                |                               |                       |                      |  |                    |                      |            |             |         |                            |
| Amount of Cement                             |                               |                       |                      |  |                    |                      |            |             |         |                            |
| Top of Cement                                |                               |                       |                      |  |                    |                      |            |             |         |                            |
| Bottom of Cement                             |                               |                       |                      |  |                    |                      |            |             |         |                            |
| Casing Squeeze(s):                           | in Hole at(depth)  I Depth of | No Tools in Hole at a | Ca<br>w / _<br>w / _ | sing Leaks:  | Yes No Depth       | h of casing leak(s): |            |             |         |                            |
| Total Depth:                                 | Plug Ba                       | ck Depth:             | 1                    | Plug Back Meth   | od.                |                      |            |             |         |                            |
| Geological Date:                             |                               | Top Formation Ba      |                      |  |                    | n Information        |            |             |         |                            |
| 1  | At:                           | to                    | Feet Perfo           | ration Interval  | to F               | eet or Open Hole I   | nterval    | to          | Feet    |                            |
| 2  | At:                           | to                    | Feet Perfo           | ration Interval -                                      | to Fe              | eet or Open Hole I   | nterval    | to          | Feet    |                            |
| IINDED DENALTY OF DEE                        | D IIIDV I LIEDEDV ATTE        |                       | mitted Ele           |  |                    | OBBECT TO THE B      | EST OF MV  | KNOWIE      | DOE     |                            |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:                  | Date Tested: R        |                      |  | Date Plugged:      | Date Repaired:       | Date Put B | ack in Serv | ice:    |                            |
| Review Completed by:                         |                               |                       | Comm                 | nents:   |                    |                      |            |             |         |                            |
| TA Approved: Yes                             |                               |                       |                      |  |                    |                      |            |             |         |                            |
|  |                               |                       |                      |  |                    |                      |            |             |         |                            |

## Mail to the Appropriate KCC Conservation Office:

| these had been not take the and from home and was been been  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The contract of the contract o | 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 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner

January 29, 2019

DAN SHORT Five Star Energy, Inc. 215 E 14TH ST HARPER, KS 67058-1407

Re: Temporary Abandonment API 15-119-20696-00-00 CR FINCHAM 1-25 SE/4 Sec.25-34S-27W Meade County, Kansas

## Dear DAN SHORT:

- "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 01/29/2020.
- \* 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 01/29/2020.

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

Very truly yours,

Michael Maier"