## 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-    Spot Description: |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
|-----------------------------|------------------------------|------------------|------------------------|----------------------------------|--------------|------------------------------|--------|------|-----------------|--------|------|---|---------------------------------|--|--|--|--|--|
|                             |                              |                  |                        |                                  |              |                              |        |      | City:           | State: | Zip: | + | feet from E / W Line of Section |  |  |  |  |  |
|                             |                              |                  |                        |                                  |              |                              |        |      | Contact Person: |        |      |   | GPS Location: Lat:              |  |  |  |  |  |
|                             |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Field Contact Person:       |                              |                  |                        |                                  |              | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 C     |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Field Contact Person Phone  | e:()                         |                  |                        | SWD Permit #: ENHR Permit #:     |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
|                             | (                            |                  |                        | Gas Stora                        |              | Date Shut-In:                |        |      |                 |        |      |   |                                 |  |  |  |  |  |
|                             |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
|                             | Conductor                    | Surface          | Pro                    | oduction                         | Intermedia   | te Liner                     | Tubing | 1    |                 |        |      |   |                                 |  |  |  |  |  |
| Size                        |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Setting Depth               |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Amount of Cement            |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Top of Cement               |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Bottom of Cement            |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Casing Fluid Level from Sur | face:                        | н                | ow Determined?         |                                  |              | Dat                          | e:     |      |                 |        |      |   |                                 |  |  |  |  |  |
| Casing Squeeze(s):          | to w                         | / sack           | s of cement,           | to                               | w/w/         | sacks of cement. Dat         | e:     |      |                 |        |      |   |                                 |  |  |  |  |  |
| Do you have a valid Oil & G | as Lease? 🗌 Yes              | No               |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Depth and Type: Junk i      | n Hole at                    | Tools in Hole at | Ca                     | sing Leaks:                      | Yes 🗌 No 🛛 I | Depth of casing leak(s):     |        |      |                 |        |      |   |                                 |  |  |  |  |  |
|                             |                              |                  |                        |                                  |              | Port Collar: w /             |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Packer Type:                |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
|                             |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Total Depth:                | Plug B                       | ack Depth:       |                        | Plug Back Method                 | d: :         |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Geological Date:            |                              |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Formation Name              | Formation Top Formation Base |                  | Completion Information |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |
| Formation Name              | • ·                          | to               | _ Feet Perfo           | ration Interval                  | to           | Feet or Open Hole Interval _ | to     | Feet |                 |        |      |   |                                 |  |  |  |  |  |
| 1                           | At:                          |                  |                        |                                  |              |                              |        |      |                 |        |      |   |                                 |  |  |  |  |  |

## 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                               | enied 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 |
| 100    100 <td>KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720</td> <td>Phone 620.902.6450</td>   | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| The second secon | 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/

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

February 26, 2019

Bill Aspinwall PetroSantander (USA) Inc. 6363 WOODWAY DR STE 350 HOUSTON, TX 77057-1798

Re: Temporary Abandonment API 15-055-21650-00-02 BULGER 7-11 SW/4 Sec.07-23S-30W Finney County, Kansas

Dear Bill Aspinwall:

"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 02/26/2020.

\* 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 02/26/2020.

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

Very truly yours,

Michael Maier"