KOLAR Document ID: 1449204

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

| ODEDATOR: License#   |                     |   |            | ADI No. 15                 |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
|--|---------------------|---|------------|----------------------------|---|----------------------|-------------------------|--|--|----------------------------|------------------|--|--|-----------------------|--|---------------|--|--|
| OPERATOR: License#   |                     |   |            |                            | API No. 15-  Spot Description:                      |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Address 1:   |                     |   |            |                            | •   |                      | R DE W                  |  |  |                            |                  |  |  |                       |  |               |  |  |
| Address 2:   |                     |   |            |                            |   |                      | I / S Line of Section   |  |  |                            |                  |  |  |                       |  |               |  |  |
| City:  |                     |   |            |                            |   |                      | / W Line of Section     |  |  |                            |                  |  |  |                       |  |               |  |  |
| Contact Person:  |                     |   |            | GPS Location: Lat:, Long:  |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
|  |                     |   |            |                            | NAD27 NAD83   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Phone:()   |                     |   |            |                            | County:   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
|  |                     |   |            |                            |   |                      |                         |  |  | Field Contact Person Phone | <del>3</del> :() |  |  | Gas Storage Permit #: |  |               |  |  |
|  |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  | Spud Date:            |  | Date Shut-In: |  |  |
|  | Conductor           | Surface                                     | Pro        | oduction                   | Intermediate  | Liner                | Tubing                  |  |  |                            |                  |  |  |                       |  |               |  |  |
| Size   |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Setting Depth  |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Amount of Cement   |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Top of Cement  |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Bottom of Cement   |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Casing Fluid Level from Sur                                  | face:               | How Do                                      | atermined? | 1                          |   | r                    | Oato:                   |  |  |                            |                  |  |  |                       |  |               |  |  |
| -  |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Casing Squeeze(s):   | (bottom)            |   |            | (top)                      | (bottom)  | dance of comonic i   |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Do you have a valid Oil & G                                  | as Lease? Yes       | ] No  |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Depth and Type:  | n Hole at           | Tools in Hole at                            | Ca         | sing Leaks:                | Yes No Depth of                                     | casing leak(s):      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Type Completion: ALT.  |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Packer Type:   |                     |   |            |                            |   | , , ,                |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Total Depth:   | Plug Bac            | k Depth:                                    |            | Plug Back Meth             | od:   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Geological Date:   |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Formation Name   | Formation -         | Top Formation Base                          |            |                            | Completion Ir                                       | formation            |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
|  |                     | to Fee                                      | t Perfo    | ration Interval            | tion Interval to Feet or Open Hole Interval to Feet |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| 2  |                     | to Fee<br>to Fee                            |            |                            |   |                      | altoFeet                |  |  |                            |                  |  |  |                       |  |               |  |  |
| Σ  | /nt                 | 10 1 66                                     | 1 6110     | nation interval            | 10  | or open note interve | 101 661                 |  |  |                            |                  |  |  |                       |  |               |  |  |
| IINDED DENALTY OF DED  | IIIDV I UEDEDV ATTE | PT TUAT TUE INCODM                          | ATION CO   | NTAINED HEE                | EIN ICTUIE AND COD                                  | DECTTO THE DEST      | OE MV KNOW! EDGE        |  |  |                            |                  |  |  |                       |  |               |  |  |
|  |                     | Submit                                      | ted Ele    | ctronicall                 | V   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
|  |                     |   |            |                            | ,   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
|  |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Do NOT Write in This   | Date Tested:        | F   | Results:   |                            | Date Plugged:                                       | Date Repaired: Date  | te Put Back in Service: |  |  |                            |                  |  |  |                       |  |               |  |  |
| Space - KCC USE ONLY   |                     |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Review Completed by:   |                     |   | Comr       | nents:                     |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| TA Approved: Yes   | Denied Date:        |   |            |                            |   |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
|  |                     | Mail to the App                             | oropriate  | KCC Conserv                | vation Office:                                      |                      |                         |  |  |                            |                  |  |  |                       |  |               |  |  |
| Depart State State State State State State State State State | KCC Distri          |   |            | te A, Dodge City, KS 67801 |   |                      | Phone 620.682.7933      |  |  |                            |                  |  |  |                       |  |               |  |  |
|  | KCC Distri          | KCC District Office #2 - 3450 N. Rock Road, |            |                            | Suite 601, Wichita. KS 67                           | 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

| 21:11:44 UTC 02/20/2019 | PRODUCTION RATE  |             | 00   | CASING PRESSURE AL | WELL Ella Mae 22-04 |
|-------------------------|------------------|-------------|------|--------------------|---------------------|
| MAX PRODUCTION          | PROD RATE EFF, % | <b>УВНР</b> | PBHP | DISTANCE TO LIQUID | JOINTS TO LIQUID    |

## HONE-940-767-4334

COLLAR P-P mV 0.331 GENERATE
A: 8.3

LOWER
USE MORE CHARGE

LIQUID P-P mV 19.335 11.7 R: 2.9 VOLTS

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/

Laura Kelly, Governor

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

February 27, 2019

LINDA TUCKER
Rosewood Resources, Inc.
2101 CEDAR SPRINGS ROAD SUITE 1500
DALLAS, TX 75201

Re: Temporary Abandonment API 15-023-20636-00-00 ELLA MAE 22-04 NW/4 Sec.04-03S-42W Cheyenne County, Kansas

## Dear LINDA TUCKER:

"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 02/27/2020.

- \* 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 02/27/2020.

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

Very truly yours,

**RICHARD WILLIAMS** "