KOLAR Document ID: 1451065

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

| OPERATOR: License#   |                    |   |               | AP           | l No. 15-  |               |                   |                                  |               |           |
|--|--------------------|---|---------------|--------------|--|---------------|-------------------|----------------------------------|---------------|-----------|
| Name:  |                    |   |               |              | Spot Description:  |               |                   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
|  |                    |   |               |              |  |               | feet fro          |                                  |               | f Section |
| City:  |                    |   |               |              | GPS Location: Lat:, Long:  |               |                   |                                  |               |           |
| Contact Person:  |                    |   |               |              | Datum:    NAD27    NAD83    WGS84      County:    Elevation:    GL    KB |               |                   |                                  |               |           |
| Phone:( )  |                    |   |               |              | -  |               |                   |                                  |               |           |
| Contact Person Email:  |                    |   |               |              | Lease Name:  |               |                   |                                  |               |           |
| Field Contact Person:  |                    |   |               |              |  |               |                   |                                  |               |           |
| Field Contact Person Phone: ( )  |                    |   |               |              | Gas Storage Permit #:  |               |                   |                                  |               |           |
|  |                    |   |               |              |  | -             | Date Sh           | nut-In:                          |               |           |
|  | Conductor          | Surfa                                       | ce            | Production   | n  | Intermediate  | e Lir             | ner                              | Tubing        | ı         |
| Size   |                    |   |               |              |  |               |                   |                                  |               |           |
| Setting Depth  |                    |   |               |              |  |               |                   |                                  |               |           |
| Amount of Cement   |                    |   |               |              |  |               |                   |                                  |               |           |
| Top of Cement  |                    |   |               |              |  |               |                   |                                  |               |           |
| Bottom of Cement   |                    |   |               |              |  |               |                   |                                  |               |           |
| Casing Fluid Level from Surf   | face:              |   | _ How Deter   | rmined?      |  |               |                   | Da                               | ıte:          |           |
| Casing Squeeze(s):   | to w               | /   | sacks of ceme | ent,         | to   | w /           | sacks of o        | cement. Da                       | nte:          |           |
| Do you have a valid Oil & Ga   |                    |   |               | (***)        | `  | ,             |                   |                                  |               |           |
| •  |                    |   |               |              |  | lv 🗆 v 🏊      |                   |                                  |               |           |
| Depth and Type:  |                    |   |               |              |  |               |                   |                                  |               |           |
| Type Completion: ALT.  | I ALT. II Depth    | of: DV Too                                  | l:<br>(depth) | w/           | sacks  | of cement P   | ort Collar:       | w / _                            | sack o        | of cement |
| Packer Type: Size: Inch  |                    |   |               |              | Set at: Feet   |               |                   |                                  |               |           |
| Total Depth:   | Plug Back Depth:   |   |               | Plug Ba      | Plug Back Method:  |               |                   |                                  |               |           |
| Geological Date:   |                    |   |               |              |  |               |                   |                                  |               |           |
| Formation Name Formation Top Formation Base                              |                    |   |               |              |  | Comple        | etion Information |                                  |               |           |
| 1  | At:                | At: to Feet                                 |               | •            |  |               |                   | eet or Open Hole Interval toFeet |               |           |
| 2  |                    | to  |               |              |  |               | Feet or Open Ho   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
| IINDED BENALTY OF BED  | IIIDV I UEDEDV ATT |   |               |              |  |               | COBBECTTOTH       | IE BEST A                        | E MV IZNOMI E | -DCE      |
|  |                    | 5   | Submitte      | d Electro    | nically  | /             |                   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
| Do NOT Write in This Date Tested: Results:                               |                    |   |               | ults:        | Date Plugged: Date Repaired: Date Put Back in Service:                   |               |                   |                                  |               |           |
| Space - KCC USE ONLY   |                    |   |               |              |  |               |                   |                                  |               |           |
| Review Completed by:   |                    |   |               | _ Comments:  |  |               |                   |                                  |               |           |
| TA Approved: Yes   | Denied Date:       |   |               |              |  |               |                   |                                  |               |           |
|  |                    | Mail t                                      | o the Appro   | priate KCC ( | Conserv  | ation Office: |                   |                                  |               |           |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |                    |   |               |              |  |               |                   |                                  | Phone 620.68  | 2.7933    |
| 1 1 1 1 1 1 1 1  |                    | KCC District Office #2 - 3450 N. Rock Road, |               |              |  |               |                   |                                  |               | 37.7400   |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Laura Kelly, Governor

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

March 07, 2019

Brandon Donovan River Rock Operating, LLC 211 N. ROBINSON SUITE 200 OKLAHOMA CITY, OK 73102

Re: Temporary Abandonment API 15-133-25722-00-00 KEPHART JBD-3 SE/4 Sec.08-30S-18E Neosho County, Kansas

## Dear Brandon Donovan:

- "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 03/07/2020.
- \* 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 03/07/2020.

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

Very truly yours,

Russell Hine"