KOLAR Document ID: 1454060

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

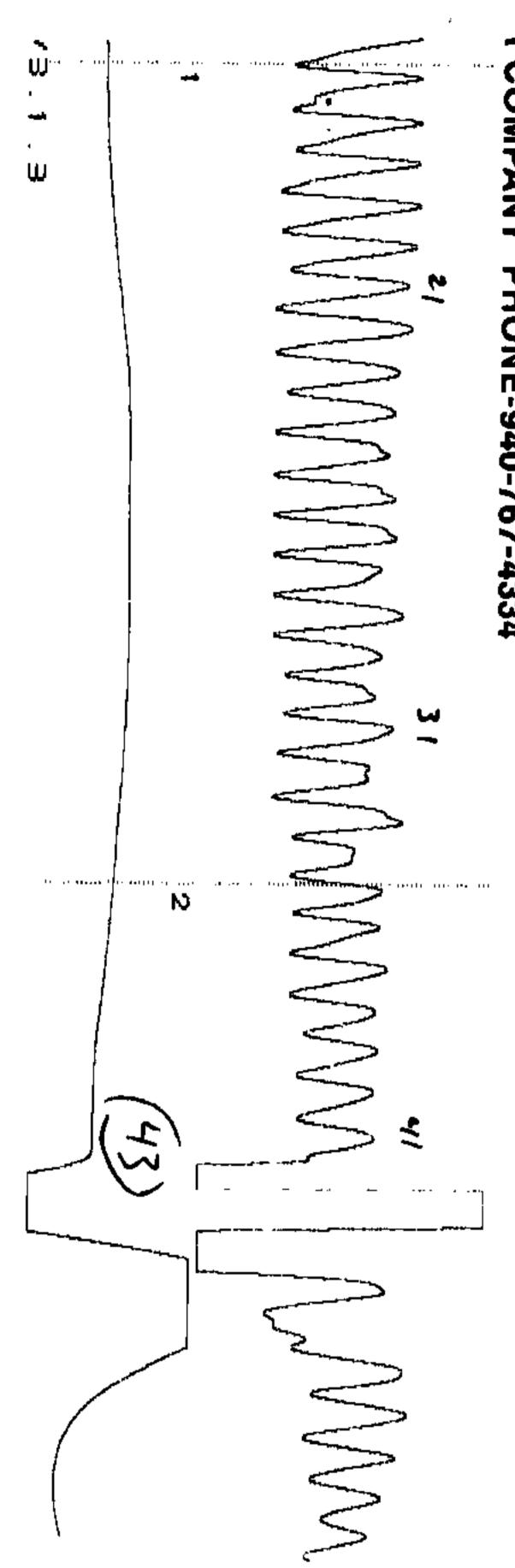
| OPERATOR: License#  |                          |  |                   |                               |  | API No. 15-   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
|---|--------------------------|--|-------------------|-------------------------------|--|---|--|--------------------------------------|--|--|--|--|-----------|-----------|-------|-----|-----|------------|--------------|---------------|--------|
| Name:   |                          | Spot Description:  |                   |                               |  |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Address 1:  |                          |  |                   |                               |  | •   |  | R                                    |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Address 2:  |                          |  |                   |                               |  |   | feet from N  | I / S Line of Section                |  |  |  |  |           |           |       |     |     |            |              |               |        |
| City:         +           Contact Person:                                     |                          |  |                   |                               |  | GPS Location: Lat:, Long:, Long:  |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
|   |                          |  |                   |                               |  |   |  |                                      |  |  |  |  | Phone:( ) |           |       |     |     |            |              |               | GL KB  |
| Contact Person Email:  Field Contact Person:  Field Contact Person Phone: ( ) |                          |  |                   |                               |  | Lease Name: Well #: Well #: SWD Permit #: ENHR Permit #: Spud Date: Date Shut-In: |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
|   |                          |  |                   |                               |  |   |  |                                      |  |  |  |  |           |           |       |     |     | Spud Date: |              | Date Shut-In: |        |
|   |                          |  |                   |                               |  |   |  |                                      |  |  |  |  |           | Conductor | Surfa | ace | Pro | oduction   | Intermediate | Liner         | Tubing |
|   |                          |  |                   |                               |  |   |  |                                      |  |  |  |  | Size      |           |       |     |     |            |              |               |        |
| Setting Depth   |                          |  |                   |                               |  |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Amount of Cement  |                          |  |                   |                               |  |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Top of Cement   |                          |  |                   |                               |  |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Bottom of Cement  |                          |  |                   |                               |  |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type:      | As Lease? Yes  I Hole at | No Tools in Ho th of: DV Too Back Depth:  on Top Formatic to  to  to | on Base Feet Feet | Ca  W / _  Inch  Perfo  Perfo | sing Leaks: sack: Set at: Plug Back Meth ration Interval | Yes No Depth s of cement Port ( Fee  od:  Completion to Fee  to Fee               | n of casing leak(s): w / Collar: w / et n Information eet or Open Hole Interva | sack of cement al to Feet al to Feet |  |  |  |  |           |           |       |     |     |            |              |               |        |
|   |                          |  | Submitte          | ed Ele                        | ctronicall   | У   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Do NOT Write in This<br>Space - KCC USE ONLY                                  |                          |  |                   | sults:                        | Date Plugged: Date Repaired: Date Put Back in Service:   |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Review Completed by:  |                          |  |                   | _ Comn                        | nents:   |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| TA Approved: Yes  | Denied Da                | te:  |                   |                               |  |   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
|   |                          | Mail   | to the Appr       | opriate                       | KCC Conserv  | ation Office:   |  |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
| Share State State State State State State States Salary States                | KCC D                    | KCC District Office #1 - 210 E. Frontview, Sui                       |                   |                               |  | ty, KS 67801  | Phone 620.682.7933   |                                      |  |  |  |  |           |           |       |     |     |            |              |               |        |
|   | KCC D                    | KCC District Office #2 - 3450 N. Rock Road,                          |                   |                               |  | Suite 601, Wichita, KS  | 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

## ECHUMETER COMPANY PHONE-940-767-4334

| VOLTS                      | ENERATE LC |             |                | ₽P           | CHSING PRESSURE 5 #      | WEIL Schmidt 32-42-28-914 |
|----------------------------|------------|-------------|----------------|--------------|--------------------------|---------------------------|
|                            |            |             | MAX PRODUCTION | PBH-         | DISTANCE TO LIQUID. 1374 | JOINTS TO LIQUID43        |
| ₩ *** ** *** *** **** **** |            | ECHOMETER C | LIQUID LEVEL   | P-P 0. 326   | LOWER COLLARS            | 02/27/2019<br>QUIET WELL  |
|                            |            | OMPAN       | 3<br>3         | <b>a</b> C : | ₽                        | 16: Q                     |
|                            |            | Y PHONE-    | <b>.</b>       |              | 7,4                      | 9: 15                     |
|                            |            | 940-76      | ≦ ==           |              | 22                       | <u>B</u>                  |



Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Laura Kelly, Governor

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

March 25, 2019

John Rigas K3 Oil & Gas Operating Company 24900 PITKIN RD SUITE 305 THE WOODLANDS, TX 77386

Re: Temporary Abandonment API 15-191-22725-01-00 SCHMIDT 33-42-28-41H NE/4 Sec.33-31S-01E Sumner County, Kansas

## Dear John Rigas:

"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 03/25/2020.

- \* 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 03/25/2020.

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

Very truly yours,

Dan Fox "