Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____

Address 1:

Address 2:

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth: ___

Geological Date: **Formation Name**

Casing Fluid Level from Surface: ____

Do you have a valid Oil & Gas Lease? Yes No

Phone:(_____) ___

Contact Person Email: ___

Field Contact Person: ____

Field Contact Person Phone: (_____) ____

Conductor

__ Size: ___

Plug Back Depth: ___

Formation Top Formation Base

Surface

All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section _____ feet from E / W Line of Section (e.g. xx.xxxxx) Datum: NAD27 NAD83 WGS84 ____ GL KB _____ Elevation: _____ Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: __ Tubing Production Intermediate Liner ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at ______ Tools in Hole at _____ Casing Leaks:
Yes No Depth of casing leak(s): _____

Type Completion:
ALT. I Depth of:
DV Tool: _____ w / ____ sacks of cement
Port Collar: ____ w / ____ sack of cement __ Inch Set at: ___ ___ Plug Back Method: ___ Completion Information At: ______ to _____ Feet Perforation Interval ____ ___to_____ Feet or Open Hole Interval_____ to _____ Feet At: _____ to ____ Feet Perforation Interval ____ to ____ Feet or Open Hole Interval ____

Submitted Electronically

HINDED DENALTY OF DED HIDV I HEDEDY ATTECT THAT THE INFORMATION CONTAINED HEDEIN ICTDIFF AND CODDECT TO THE DECT OF MY VNIOW! EDGE

Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Results:	Date Plugged:	Date Repaired:	Date Put Back in Service:
Review Completed by:		Comments:			
TA Approved: Yes D	Denied Date:				

Mail to the Appropriate KCC Conservation Office:



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 26, 2019

MATT BURTON Lasso Energy LLC PO BOX 465 1125 SOUTH MAIN CHASE, KS 67524-0465

Re: Temporary Abandonment API 15-077-22008-01-00 MATTHEW 3306 1-27H NW/4 Sec.34-33S-06W Harper County, Kansas

Dear MATT BURTON:

"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 03/26/2020.

- * 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 03/26/2020.

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

Very truly yours,

Steve VanGieson"