## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

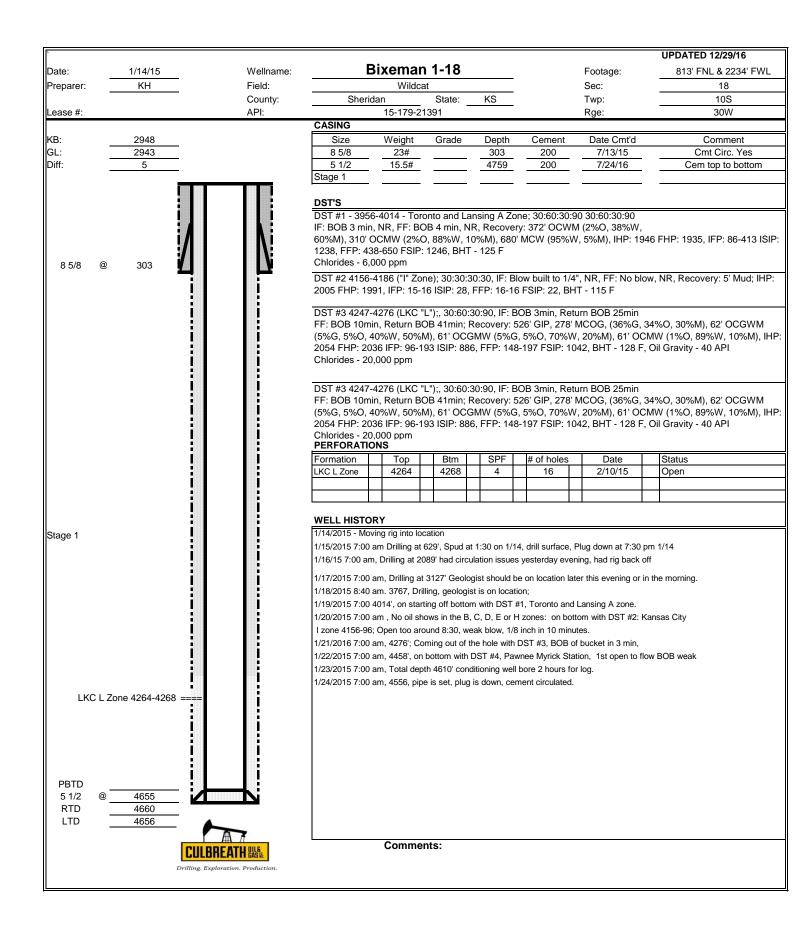
| OPERATOR: License#<br>Name:<br>Address 1:        |                              |                    |              |                        | API No. 15   |                  |             |                     |          |                          |  |
|--|------------------------------|--------------------|--------------|------------------------|--|------------------|-------------|---------------------|----------|--------------------------|--|
|  |                              |                    |              |                        | Spot Description:  |                  |             |                     |          |                          |  |
|  |                              |                    |              |                        | Sec Twp S. R E W   |                  |             |                     |          |                          |  |
| Address 2:   City: State:Zip:+   Contact Person: |                              |                    |              |                        | feet from N / S Line of Section<br>feet from E / W Line of Section |                  |             |                     |          |                          |  |
|  |                              |                    |              |                        |  |                  |             |                     |          |                          | GPS Location: Lat:, Long:, Long:, Datum: NAD27 NAD83 WGS84 |
|  |                              |                    |              |                        | Phone:()   |                  |             |                     |          | County: Elevation: GL KB |  |
|  | Lease Name: Vell #:          |                    |              |                        |  |                  |             |                     |          |                          |  |
| Field Contact Person:                            |                              |                    |              |                        | Well Type: (   | check one) 🗌     | Oil Gas     | OG WSW              | Other: _ |                          |  |
| Field Contact Person Phone                       |                              |                    |              |                        | SWD Permit #: ENHR Permit #:                                       |                  |             |                     |          |                          |  |
|  |                              |                    |              |                        |  | rage Permit #: _ |             | Date Shut-In:       |          |                          |  |
|  |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
|  | Conductor                    | Surfa              | ice          | Pro                    | duction  | Intermedi        | iate        | Liner               | _        | Tubing                   |  |
| Size   |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
| Setting Depth                                    |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
| Amount of Cement                                 |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
| Top of Cement                                    |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
| Bottom of Cement                                 |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
| Casing Fluid Level from Su                       | rface:                       |                    | How Dete     | rmined?                |  |                  |             | D                   | ate:     |                          |  |
| Casing Squeeze(s):                               | to w                         | /                  | sacks of cem | ent,                   | to   | (bottom) w /     |             | sacks of cement. D  | ate:     |                          |  |
| Do you have a valid Oil & G                      | as Lease? 🗌 Yes              | No                 |              |                        |  |                  |             |                     |          |                          |  |
| Depth and Type: 🗌 Junk                           | in Hole at                   | Tools in Ho        | le at        | Cas                    | sing Leaks:  | Yes 🗌 No         | Depth of ca | asing leak(s):      |          |                          |  |
| Type Completion:                                 |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
| Packer Type:                                     |                              |                    |              |                        |  |                  |             | (depth)             |          |                          |  |
| Total Depth:                                     | Plug B                       | Plug Back Depth: F |              |                        | Plug Back Method:  |                  |             |                     |          |                          |  |
| Geological Date:                                 |                              |                    |              |                        |  |                  |             |                     |          |                          |  |
| Formation Name                                   | Formation Top Formation Base |                    |              | Completion Information |  |                  |             |                     |          |                          |  |
| 1  | At:                          | to                 | Feet         | Perfor                 | ation Interval   | to               | Feet o      | r Open Hole Interva | I        | to                       | Feet   |
| 2  | At:                          | to                 | Feet         | Perfor                 | ation Interval -   | to               | Feet o      | r Open Hole Interva | I        | to                       | Feet   |
|  |                              | сет ти ат ти       |              |                        |  |                  |             |                     |          |                          | DOE  |
|  |                              | c                  |              |                        |  |                  |             |                     |          |                          |  |

## 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:

| There has no no no no not and and and and and and   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |  |
|---|--|--------------------|--|--|
| Norm   Norm <td< th=""><td>KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.337.7400</td></td<>   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |  |
|   | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |  |  |
| Ann here been been for been been to be to | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |  |  |



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/

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

April 12, 2019

Dillan Carney Culbreath Oil & Gas Company, Inc. 3501 S YALE AVE TULSA, OK 74135-8014

Re: Temporary Abandonment API 15-179-21391-00-00 BIXENMAN BROTHERS 1-18 NW/4 Sec.18-10S-30W Sheridan County, Kansas

Dear Dillan Carney:

"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 04/12/2020.

\* 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 04/12/2020.

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

Very truly yours,

**RICHARD WILLIAMS** "