## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1: |                              |              |                | API No. 15-          | API No. 15 Spot Description:   |                            |        |  |  |  |
|-------------------------------------|------------------------------|--------------|----------------|----------------------|--|----------------------------|--------|--|--|--|
|                                     |                              |              |                | Spot Descr           |  |                            |        |  |  |  |
|                                     |                              |              |                | _                    | Sec Twp S. R E W   |                            |        |  |  |  |
| Address 2:                          |                              |              |                |                      |  | feet from N /              | 8      |  |  |  |
| City:                               | State:                       | Zip:         | +              |                      | feet from E /W Line of Section<br>GPS Location: Lat:, Long:  |                            |        |  |  |  |
| Contact Person:                     |                              |              |                |                      | GPS Location: Lat:      , Long:         Datum:       NAD27         NAD83       WGS84         County:          Elevation:          Well #:                  |                            |        |  |  |  |
|                                     |                              |              |                |                      |  |                            |        |  |  |  |
|                                     |                              |              |                | Lease Nam            |  |                            |        |  |  |  |
| Field Contact Person:               |                              |              |                | Well Type: (         | Well Type: (check one)         Oil         Gas         OG         WSW         Other:           SWD Permit #:         ENHR Permit #:         ENHR Permit #: |                            |        |  |  |  |
| Field Contact Person Phon           | e:()                         |              |                |                      |  |                            |        |  |  |  |
|                                     | ( )                          |              |                |                      |  | Date Shut-In:              |        |  |  |  |
|                                     | Conductor                    | Surfa        | ce             | Production           | Intermedia   | ate Liner                  | Tubing |  |  |  |
| Size                                |                              |              |                |                      |  |                            |        |  |  |  |
| Setting Depth                       |                              |              |                |                      |  |                            |        |  |  |  |
| Amount of Cement                    |                              |              |                |                      |  |                            |        |  |  |  |
| Top of Cement                       |                              |              |                |                      |  |                            |        |  |  |  |
| Bottom of Cement                    |                              |              |                |                      |  |                            |        |  |  |  |
| Casing Fluid Level from Su          | rface:                       |              | How Determ     | ined?                |  | Date                       | ÷      |  |  |  |
| Casing Squeeze(s):                  | to w                         | /:           | sacks of cemer | t, to                | w /  | sacks of cement. Date      | :      |  |  |  |
| Do you have a valid Oil & G         | Gas Lease? Yes               | No           |                |                      |  |                            |        |  |  |  |
| Depth and Type: 🗌 Junk              | in Hole at                   | Tools in Hol | e at           | Casing Leaks:        | Yes No   | Depth of casing leak(s):   |        |  |  |  |
|                                     |                              |              |                |                      |  | Port Collar: w /           |        |  |  |  |
| Packer Type:                        | Size: _                      |              |                | Inch Set at:         |  | _ Feet                     |        |  |  |  |
| Total Depth:                        | Plug Back Depth:             |              |                | Plug Back Meth       | Plug Back Method:  |                            |        |  |  |  |
| Geological Date:                    |                              |              |                |                      |  |                            |        |  |  |  |
|                                     | Formation Top Formation Base |              |                |                      | Completion Information   |                            |        |  |  |  |
| Formation Name                      |                              | to           | Foot           | Perforation Interval | to   | Feet or Open Hole Interval | to Fee |  |  |  |
| Formation Name 1                    | At:                          | 10           | 1 661          | Fenoration Interval  | 10   |                            |        |  |  |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 De                      | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| There has no no no had been and we have  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
|  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| Image: Note of the state         Image:   | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Anno base base for the former than the former the former than the former the former than the former the former | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

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

April 30, 2019

Kent Roberts Roberts Resources, Inc. PO BOX 75187 WICHITA, KS 67275-5187

Re: Temporary Abandonment API 15-097-21625-00-00 SMITH-PAXTON A-1 E/2 Sec.33-30S-18W Kiowa County, Kansas

Dear Kent Roberts:

"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 04/30/2020.

\* 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 04/30/2020.

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

Very truly yours,

Michael Maier"