Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.337.7400

Phone 620.902.6450

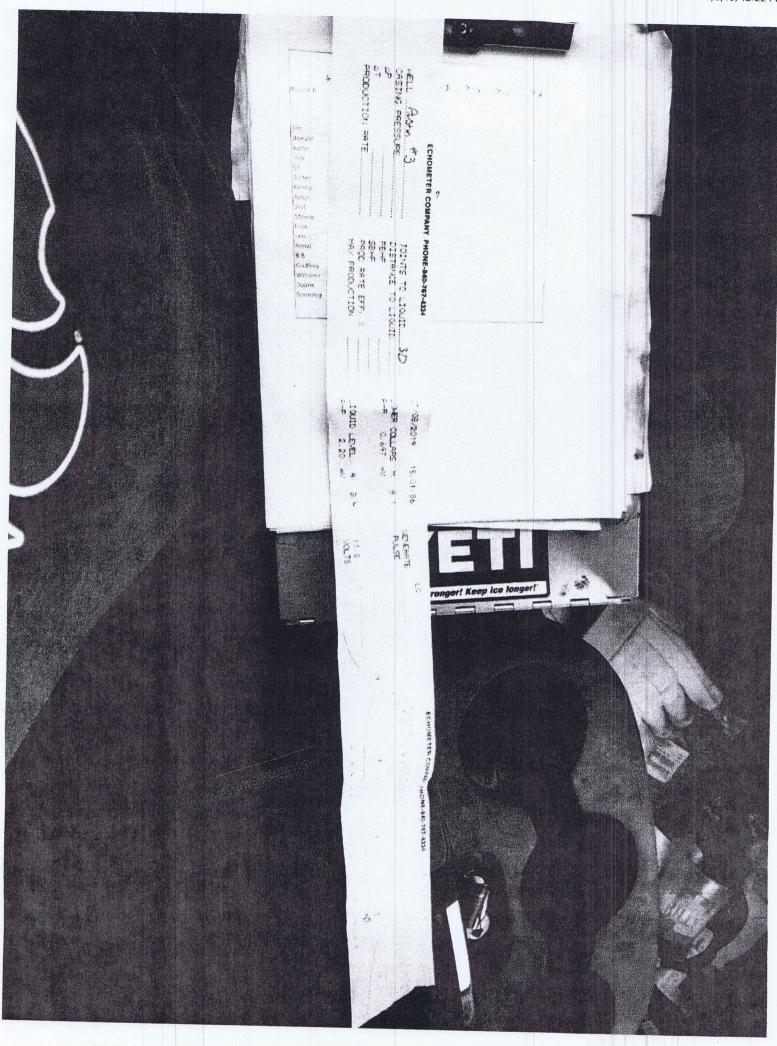
Phone 785.261.6250

|  |                     |                    |               | 1   |                    |                       |  |                  |   |         |    |            |              |              |        |
|--|---------------------|--------------------|---------------|---|--------------------|-----------------------|--|------------------|---|---------|----|------------|--------------|--------------|--------|
| OPERATOR: License#   |                     |                    |               | API No. 15Spot Description:                           |                    |                       |  |                  |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       |  | Address 1:       |   |         |    |            |              |              | . R    |
| Address 2:       State:       Zip:       +                               |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       |  |                  | Gas Storage Permit #:  Spud Date: Date Shut-In: |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       |  |                  |   |         |    | Spud Date. |              | Date Shut-in |        |
|  |                     |                    |               |   |                    |                       |  |                  | Conductor                                       | Surface | Pr | oduction   | Intermediate | Liner        | Tubing |
|  |                     |                    |               |   |                    |                       |  | Size             |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       |  | Setting Depth    |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       |  | Amount of Cement |   |         |    |            |              |              |        |
|  |                     |                    |               | Top of Cement   |                    |                       |  |                  |   |         |    |            |              |              |        |
| Bottom of Cement   |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
| Casing Fluid Level from Surf   | ace:                | Но                 | ow Determined | ?   |                    |                       | Date:                                    |                  |   |         |    |            |              |              |        |
| Casing Squeeze(s):   |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
| (top)  | (bottom)            |                    |               | (top)   | (bottom)           |                       |  |                  |   |         |    |            |              |              |        |
| Do you have a valid Oil & Ga   | as Lease? Yes       | No                 |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
| Depth and Type:  | n Hole at [         | Tools in Hole at   | Ca            | asing Leaks:  | Yes No Depth       | of casing leak(s):    |  |                  |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       | / sack of cement                         |                  |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       | , saon or somen                          |                  |   |         |    |            |              |              |        |
| Packer Type:   | Size:               |                    | Incr          | Set at:   | Fee                | τ                     |  |                  |   |         |    |            |              |              |        |
| Total Depth:   | Plug Bad            | ck Depth:          |               | Plug Back Meth  | od:                |                       |  |                  |   |         |    |            |              |              |        |
| Geological Date:   |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
| Formation Name Formation Top Formation Base                              |                     |                    |               | Completion Information                                |                    |                       |  |                  |   |         |    |            |              |              |        |
|  | ·                   |                    |               | oration Interval to Feet or Open Hole Interval to Fee |                    |                       |  |                  |   |         |    |            |              |              |        |
| ?  | At:                 | to                 |               |   |                    | et or Open Hole Inter |  |                  |   |         |    |            |              |              |        |
|  | 710                 | 0                  | 1000          | oracion intorvar                                      |                    | or or open note into  | vai ———————————————————————————————————— |                  |   |         |    |            |              |              |        |
| INDED DENAITY OF BED   | IIIDV I UEDEDV ATTE | CT TU AT TUE INICA | DMATION CO    | NITAINED HED  | EIN ISTOLIE AND CO | DDECTTO THE DEC       | T OE MV KNOW! EDGE                       |                  |   |         |    |            |              |              |        |
|  |                     | Sub                | mitted Ele    | ectronicall   | V                  |                       |  |                  |   |         |    |            |              |              |        |
|  |                     | 2 5115             |               |   | ,                  |                       |  |                  |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
| Do NOT Write in This Date Tested: Results:                               |                     |                    |               |   | Date Plugged:      | Date Repaired: D      | ate Put Back in Service:                 |                  |   |         |    |            |              |              |        |
| Space - KCC USE ONLY   |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
| Review Completed by:   |                     |                    | Comi          | ments:  |                    |                       |  |                  |   |         |    |            |              |              |        |
| TA Approved: Yes   |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
|  |                     |                    |               |   |                    |                       |  |                  |   |         |    |            |              |              |        |
|  |                     | Mail to the        | Appropriate   | KCC Conserv   | ation Office:      |                       |  |                  |   |         |    |            |              |              |        |
| VCC District Office #4 240 E Frankfarm Critic A Dadge City VC 07004      |                     |                    |               |   |                    |                       | Phono 620 692 7022                       |                  |   |         |    |            |              |              |        |
| 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

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

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



Sent from my iPhone

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 Susan K. Duffy, Commissioner

July 17, 2019

Tripp Markwell ELM III Operating Company LLC 1249 E. 33RD ST EDMOND, OK 73013-6307

Re: Temporary Abandonment API 15-191-10949-00-00 AUSTIN 3 NW/4 Sec.06-35S-01E Sumner County, Kansas

## Dear Tripp Markwell:

- "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 07/17/2020.
- \* 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 07/17/2020.

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

Very truly yours,

Dan Fox"