## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                                    |                   |                    |             | API No. 15-                  |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|---|-------------------|--------------------|-------------|------------------------------|--------------|--------------------|------------------|----|--------|-----------------------|--|--|--|--------------|---------------|----------------|-------------|-------|--|
| Name:   |                   |                    |             | Spot Description:            |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Address 1:  |                   |                    |             |                              | Se           | ec Twp.            | S. R.            |    | E _ W  |                       |  |  |  |              |               |                |             |       |  |
| Address 2:  |                   |                    |             |                              |              | fee                |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| City:   State:  Zip:  +    Contact Person:     Phone: |                   |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             |                              |              |                    |                  |    |        | Contact Person Email: |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             |                              |              |                    |                  |    |        | Field Contact Person: |  |  |  | Well Type: ( | (check one) 🗌 | Oil 🗌 Gas 🗌 OG | s 🗌 wsw 🗌 c | ther: |  |
| Field Contact Person Phone:                           |                   |                    |             | SWD Permit #: ENHR Permit #: |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   | ()                |                    |             |                              | 0            |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             | Spud Date:                   |              | Dat                | e Shut-In:       |    |        |                       |  |  |  |              |               |                |             |       |  |
|   | Conductor         | Surface            | Pro         | oduction                     | Intermedi    | ate                | Liner            | -  | Tubing |                       |  |  |  |              |               |                |             |       |  |
| Size  |                   |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Setting Depth   |                   |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Amount of Cement                                      |                   |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Top of Cement   |                   |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Bottom of Cement                                      |                   |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Casing Fluid Level from Surf                          | ace:              | How D              | Determined? |                              |              |                    | Dat              | e: |        |                       |  |  |  |              |               |                |             |       |  |
| Casing Squeeze(s):                                    | to w              | / sacks of o       | cement,     | to                           | (bottom) w / | sacks              | s of cement. Dat | e: |        |                       |  |  |  |              |               |                |             |       |  |
| Do you have a valid Oil & Ga                          | is Lease? 🗌 Yes [ | No                 |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Depth and Type: Dunk ir                               | Hole at           | Tools in Hole at   | Ca          | sing Leaks:                  | Yes No       | Depth of casing I  | eak(s):          |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Type Completion: ALT.                                 |                   |                    |             |                              |              |                    | lepth)           | `  |        |                       |  |  |  |              |               |                |             |       |  |
| Packer Type:  | Size:             |                    | Inch        | Set at:                      |              | Feet               |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   |                   | ck Depth:          |             | Plug Back Meth               | od:          |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Total Depth:  | Plug Ba           | ск Берин.          |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
|   | Plug Ba           |                    |             |                              |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |  |
| Total Depth:  |                   | Top Formation Base |             |                              | Com          | pletion Informatio | n                |    |        |                       |  |  |  |              |               |                |             |       |  |
| Total Depth:  | Formation         | Top Formation Base | et Perfo    | ration Interval .            |              | pletion Informatio |                  | te | oFee   |                       |  |  |  |              |               |                |             |       |  |

## 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:

|  | 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 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



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

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

August 20, 2019

Michael Foster Riviera Operating, LLC 600 TRAVIS STE 1700 HOUSTON, TX 77002-3033

Re: Temporary Abandonment API 15-075-20477-00-00 HCU 1820-B NE/4 Sec.18-22S-40W Hamilton County, Kansas

Dear Michael Foster:

"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 08/20/2020.

\* 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 08/20/2020.

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

Very truly yours,

Michael Maier"