## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

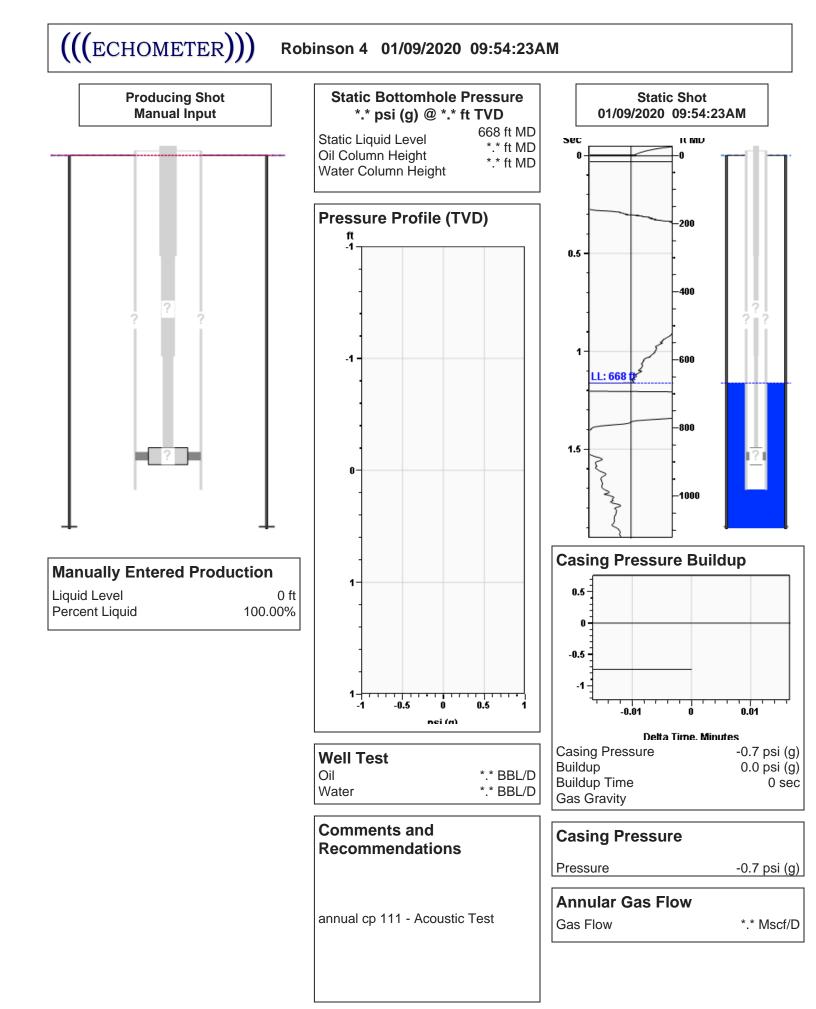
| Name:Address 1:Address 2:Stat<br>City:Stat<br>Contact Person:Stat<br>Phone: ( )<br>Contact Person Email:<br>Field Contact Person:<br>Field Contact Person Phone: ( )<br>Conduct<br>SizeStat<br>Setting Depth | te: Zip:             | +            |          | GPS Location                                                                                           | on: Lat:                                                              | c<br>g. xx. xxxxx)<br>D83   | Twp<br>feet from<br>, Long: .<br>GS84<br>on:<br>OG WS<br>ENHF                              | □ N /<br>□ E /<br>- Well #:<br>SW □ O<br>R Permit | S<br>W<br>(e.gxx)<br>:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line of S<br>Line of S<br>(.xxxx)   | ection           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|----------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|
| Address 2: Stat<br>City: Stat<br>Contact Person:<br>Phone: ( )<br>Contact Person Email:<br>Field Contact Person Phone: ( )<br>Field Contact Person Phone: ( )<br>Size<br>Setting Depth                       | te: Zip:             | +            |          | GPS Location<br>Datum:<br>County:<br>Lease Name<br>Well Type: (i<br>SWD Pet<br>Gas Sto<br>Spud Date: . | on: Lat:<br>NAD27                                                     | g. xx.xxxxx)<br>D83         | feet from<br>feet from<br>, Long: .<br><br>GS84<br>on:<br>_<br>_ OGWS<br><br>_ Date Shut-I | □ N /<br>□ E /<br>- Well #:<br>SW □ O<br>R Permit | S<br>W<br>(e.gxx)<br>:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line of So<br>Line of So<br>(.xxxx) | ection<br>ection |
| City: Stat<br>Contact Person:<br>Phone:( )<br>Contact Person Email:<br>Field Contact Person Phone: ( )<br>Field Contact Person Phone: ( )<br>Conduct<br>Size<br>Setting Depth                                |                      |              |          | GPS Location<br>Datum:<br>Lease Name<br>Well Type: (i<br>SWD Per<br>Gas Sto<br>Spud Date:              | on: Lat:<br>NAD27                                                     | <i>g. xx.xxxxx</i> )<br>D83 | feet from<br>, Long: .<br>GS84<br>on:<br>OG WS<br>ENHF<br><br>. Date Shut-I                | ☐ E /<br>Well #:<br>SW ☐ O<br>R Permit            | (e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)     | Line of So<br>(                     | KB               |
| Contact Person:<br>Phone:( )<br>Contact Person Email:<br>Field Contact Person:<br>Field Contact Person Phone: ( )<br>Conduct<br>Size<br>Setting Depth                                                        |                      |              |          | Datum:<br>County:<br>Lease Name<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date:                     | on: Lat:<br>NAD27                                                     | g. xx.xxxxx)<br>D83         | , Long: ,<br>GS84<br>on:<br>] OG [] WS<br><br>ENHF<br><br><br>Date Shut-I                  | _ Well #:                                         | (e.gxxx<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.gxx)<br>(e.g | (.xxxx)                             | KB               |
| Contact Person:<br>Phone:( )<br>Contact Person Email:<br>Field Contact Person:<br>Field Contact Person Phone: ( )<br>Conduct<br>Size<br>Setting Depth                                                        |                      |              |          | Datum:<br>County:<br>Lease Name<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date:                     | (e.,<br>NAD27 NAI<br>e:<br>check one) C<br>ermit #:<br>rage Permit #: | 9                           | GS84<br>on:<br>OG WS<br>ENHF<br><br>. Date Shut-I                                          | _ Well #:<br>SW                                   | )ther:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GL [                                |                  |
| Contact Person Email:<br>Field Contact Person:<br>Field Contact Person Phone: ( )<br>Conduct<br>Size<br>Setting Depth                                                                                        |                      |              |          | County:<br>Lease Name<br>Well Type: (i<br>SWD Pe<br>Gas Sto<br>Spud Date: .                            | e:<br>check one) [] C<br>ermit #:<br>rage Permit #:                   | Elevati                     | on:<br>OG WS<br>ENHF<br><br>. Date Shut-I                                                  | _ Well #:<br>SW                                   | other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                  |
| Contact Person Email:<br>Field Contact Person:<br>Field Contact Person Phone: ( )<br>Conduct<br>Size<br>Setting Depth                                                                                        |                      |              |          | Lease Name<br>Well Type: (i<br>SWD Pe<br>Gas Sto<br>Spud Date:                                         | e:Check one) C<br>ermit #:<br>rage Permit #:                          | Dil _ Gas _                 | ☐ OG                                                                                       | _ Well #:<br>SW                                   | other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                  |
| Field Contact Person:                                                                                                                                                                                        |                      |              |          | Gas Sto<br>Spud Date:                                                                                  | ermit #:<br>rage Permit #:                                            |                             | _ Date Shut-I                                                                              | R Permit                                          | #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                  |
| Field Contact Person Phone: ( )<br>Conduc<br>Size<br>Setting Depth                                                                                                                                           |                      |              |          | Gas Sto<br>Spud Date:                                                                                  | rage Permit #:                                                        |                             | Date Shut-I                                                                                |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Conduct Size Setting Depth                                                                                                                                                                                   |                      |              | Pro      | Spud Date:                                                                                             | -                                                                     |                             | Date Shut-I                                                                                | In:                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tubing                              |                  |
| Size Setting Depth                                                                                                                                                                                           | ctor S               | Surface      | Pro      |                                                                                                        |                                                                       |                             |                                                                                            | In:                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tubing                              |                  |
| Size Setting Depth                                                                                                                                                                                           | ctor S               | Surface      | Pro      | duction                                                                                                | Intermedia                                                            | te                          | Liner                                                                                      |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tubing                              |                  |
| Setting Depth                                                                                                                                                                                                |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                   | i                |
|                                                                                                                                                                                                              |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Amount of Comont                                                                                                                                                                                             |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Amount of Cement                                                                                                                                                                                             |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Top of Cement                                                                                                                                                                                                |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Bottom of Cement                                                                                                                                                                                             |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Casing Fluid Level from Surface:                                                                                                                                                                             |                      | How Det      | orminod? |                                                                                                        |                                                                       |                             |                                                                                            | Dat                                               | ۵.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                  |
| 0                                                                                                                                                                                                            |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Casing Squeeze(s): to to                                                                                                                                                                                     | tom)                 | 38003 01 001 | iieiii,  | (top) 10                                                                                               | (bottom)                                                              | ·                           | Sacks of Cerri                                                                             | ient. Dat                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Do you have a valid Oil & Gas Lease? [                                                                                                                                                                       | Yes No               |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Depth and Type: Unk in Hole at                                                                                                                                                                               | Tools in             | Hole at      | Cas      | sing Leaks:                                                                                            | Yes No I                                                              | Depth of ca                 | sing leak(s):                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
|                                                                                                                                                                                                              |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Type Completion: ALT. I ALT. II                                                                                                                                                                              |                      |              |          |                                                                                                        |                                                                       |                             | (depth)                                                                                    | ,                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Packer Type:                                                                                                                                                                                                 | Size:                |              | Inch 3   | Set at:                                                                                                |                                                                       | _ Feet                      |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Total Depth:                                                                                                                                                                                                 | _ Plug Back Depth: _ |              | F        | Plug Back Metho                                                                                        | od:                                                                   |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Geological Date:                                                                                                                                                                                             |                      |              |          |                                                                                                        |                                                                       |                             |                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| Formation Name                                                                                                                                                                                               | Formation Top Form   | nation Base  |          |                                                                                                        | Comp                                                                  | letion Inform               | mation                                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                  |
| 1 A                                                                                                                                                                                                          | .t: to               | Feet         | Perfor   | ation Interval _                                                                                       | to                                                                    | Feet or                     | Open Hole I                                                                                | nterval_                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to                                  | _ Feet           |
| 2 A                                                                                                                                                                                                          | to                   | Feet         | Perfor   | ation Interval -                                                                                       | to                                                                    | Feet or                     | Open Hole I                                                                                | nterval _                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to                                  | _Feet            |

## 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 |  |



Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

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

January 14, 2020

Matt Osborn Daystar Petroleum, Inc. 522 N. MAIN ST PO BOX 560 EUREKA, KS 67045-0560

Re: Temporary Abandonment API 15-103-20256-00-00 ROBINSON 4 NE/4 Sec.17-08S-21E Leavenworth County, Kansas

Dear Matt Osborn:

"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 01/14/2021.

\* 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 01/14/2021.

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

Very truly yours,

Levi Short"