Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| DPERATOR: License#                           |   |  |           | API No. 15                        |                  |                              |                     |           |  |
|--|---|--|-----------|-----------------------------------|------------------|------------------------------|---------------------|-----------|--|
|  |   |  |           |                                   |                  |                              |                     |           |  |
| Address 1:                                   |   |  |           |                                   | •                | Twp \$                       |                     | ]E []W    |  |
| Address 2:                                   |   | feet from \( \sum \text{N} \) \( \sup \text{S} \) Line of Section  |           |                                   |                  |                              |                     |           |  |
|  |   |  |           | feet from DE / DW Line of Section |                  |                              |                     |           |  |
| Dity:       +         Contact Person:        |   |  |           | GPS LOCATION: Lat, Long, Long     |                  |                              |                     |           |  |
| Phone:( )                                    |   | Datum:         NAD27         NAD83         WGS84           County: |           |                                   |                  |                              |                     |           |  |
| Contact Person Email:                        |   |  |           |                                   |                  |                              |                     |           |  |
| Field Contact Person:                        |   |  |           |                                   |                  |                              |                     |           |  |
| Field Contact Person Phone                   |   |  |           |                                   |                  | ENHR P                       | 'ermit #:           |           |  |
|  | .()   |  |           | _                                 | orage Permit #:  |                              |                     |           |  |
|  |   |  |           | Spud Date:                        |                  | Date Shut-In:                |                     |           |  |
|  | Conductor   | Surface  | Pro       | duction                           | Intermediate     | Liner                        | Tubir               | ng        |  |
| Size   |   |  |           |                                   |                  |                              |                     |           |  |
| Setting Depth                                |   |  |           |                                   |                  |                              |                     |           |  |
| Amount of Cement                             |   |  |           |                                   |                  |                              |                     |           |  |
| Top of Cement                                |   |  |           |                                   |                  |                              |                     |           |  |
| Bottom of Cement                             |   |  |           |                                   |                  |                              |                     |           |  |
| Casing Fluid Level from Surf                 |   |  |           |                                   |                  |                              |                     |           |  |
|  | g Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date: u have a valid Oil & Gas Lease? |  |           |                                   |                  |                              |                     |           |  |
|  |   | _  |           |                                   | J                |                              |                     |           |  |
|  |   |  |           |                                   |                  |                              |                     |           |  |
| Type Completion: ALT.                        | I ALT. II Depth o   | f: DV Tool:(depth)   | w/_       | sacks                             | s of cement Por  | t Collar: \(\text{(depth)}\) | w / sack            | of cement |  |
| Packer Type:                                 |   |  |           |                                   |                  |                              |                     |           |  |
| Total Depth:                                 | Plug Bac  | k Depth:   |           | Plug Back Meth                    | od:              |                              |                     |           |  |
| Geological Date:                             |   |  |           |                                   |                  |                              |                     |           |  |
| Formation Name                               | Formation <sup>-</sup>  | Top Formation Base   |           |                                   | Completi         | on Information               |                     |           |  |
| l  |   | ·  | Perfo     | ration Interval                   | ·                |                              | erval to            | Feet      |  |
| 2.   | At:   | to Feet  |           | ration Interval                   |                  | Feet or Open Hole Inte       |                     | Feet      |  |
|  |   |  |           |                                   |                  |                              |                     |           |  |
| INDED DENALTY OF BED                         | IIIBV I LIEBEDV ATTE  | CT TUAT TUE INCODMAT   | TON CO    | NTAINED HED                       | EIN IS TOLIE AND | COBBECT TO THE BEG           | ST OF MAY MAIOMI    | EDCE      |  |
|  |   | Submitte   | d Ele     | ctronicall                        | у                |                              |                     |           |  |
|  |   |  |           | ·                                 |                  |                              |                     |           |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:  | Re:  | sults:    |                                   | Date Plugged:    | Date Repaired:               | Date Put Back in Se | ervice:   |  |
| Review Completed by:                         |   |  | Comm      | nents:                            |                  |                              |                     |           |  |
| TA Approved: Yes                             | Denied Date:  |  |           |                                   |                  |                              |                     | _         |  |
|  | Defiled   |  |           |                                   |                  |                              |                     |           |  |
|  |   | Mail to the Appr   | opriate l | KCC Conserv                       | vation Office:   |                              |                     |           |  |

| Street State Street State Stat | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| The bas has been been been the same the | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The state of the s | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Simile State | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

North 1515 #1 2/25/2020 66 V

| ECHOMETER COMPANY 5001 DITTO LANE, WK | CHITA FALLS, TEXAS 76302 |        |        |       |                          |           |
|---------------------------------------|--------------------------|--------|--------|-------|--------------------------|-----------|
| HTA FALLS, TEXAS 76302                |                          |        |        |       |                          |           |
| 50                                    | Lov Lov                  |        |        |       |                          |           |
| - NWW                                 | mmmmmmmmm                | minman | ······ | ECHOI | METER COMPANY 5001 DITTO | D LANE, W |
|                                       | , 0                      | 70     | 30     |       | 40                       |           |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Laura Kelly, Governor

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

February 25, 2020

Peter Fiorini Ritchie Exploration, Inc. 8100 E 22ND ST N # 700 PO BOX 783188 WICHITA, KS 67278-3188

Re: Temporary Abandonment API 15-179-21176-00-00 WERTH 15B 1 NW/4 Sec.15-10S-26W Sheridan County, Kansas

## Dear Peter Fiorini:

"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 02/25/2021.

- \* 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 02/25/2021.

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

Very truly yours,

**RICHARD WILLIAMS"**