## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

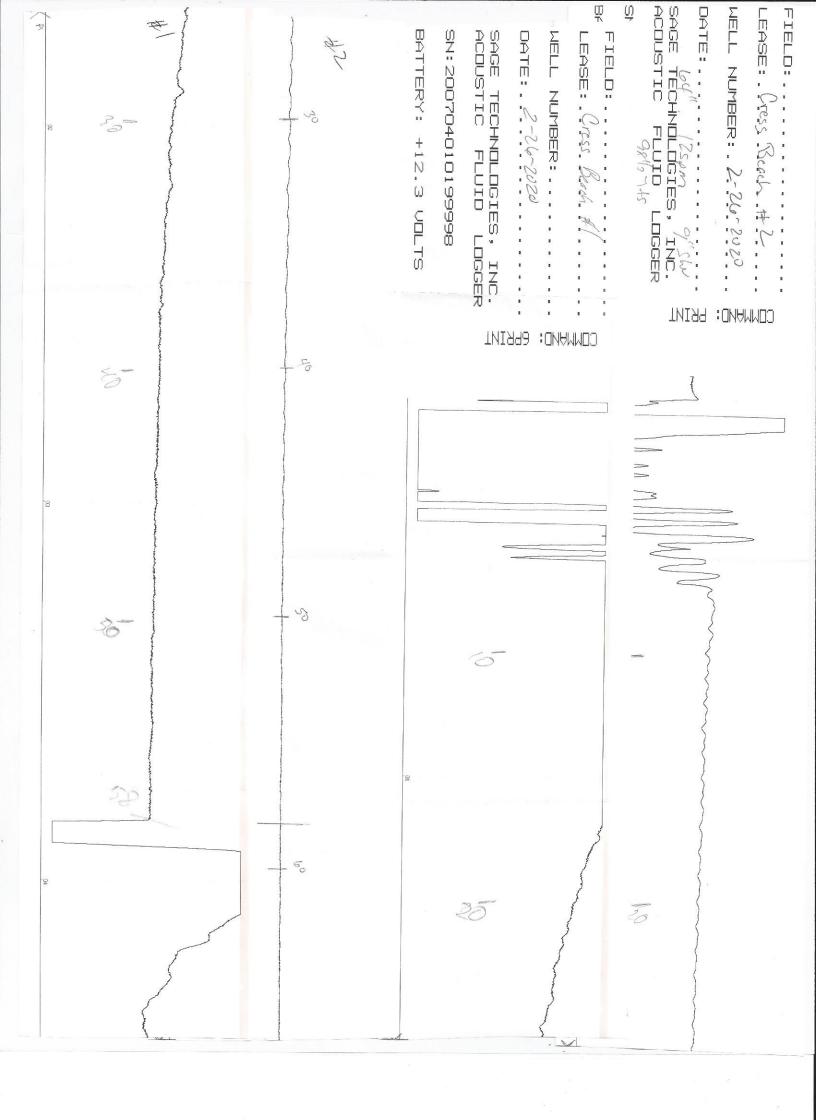
| OPERATOR: License#                 |                              |               |               | API No. 15-            | API No. 15                                                                                                                                |                            |            |      |  |
|------------------------------------|------------------------------|---------------|---------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|--|
|                                    |                              |               |               | _ Spot Descri          |                                                                                                                                           |                            |            |      |  |
| Address 1:                         |                              |               |               | _                      | Se                                                                                                                                        | ec Twp S. R                | E [        | W    |  |
| Address 2:                         |                              |               |               | _                      |                                                                                                                                           | feet from N / [            |            |      |  |
| City:                              | State:                       | Zip:          | _ +           |                        | feet from E / W Line of Section                                                                                                           |                            |            |      |  |
| Contact Person:                    |                              |               |               | GF 5 LUCali            | GPS Location: Lat:      , Long:         Datum:       NAD27         NAD27       WGS84         County:          Elevation:          Well #: |                            |            |      |  |
|                                    |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
|                                    |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Field Contact Person:              |                              |               |               | Well Type: (           | check one) 🗌 (                                                                                                                            | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 Oth | er:        |      |  |
| Field Contact Person Phon          |                              |               |               |                        |                                                                                                                                           | ENHR Permit #:             |            |      |  |
|                                    | ()                           |               |               |                        | 0                                                                                                                                         |                            |            |      |  |
|                                    |                              |               |               | Spud Date:             |                                                                                                                                           | Date Shut-In:              |            |      |  |
|                                    | Conductor                    | Surface       | 9             | Production             | Intermedia                                                                                                                                | ate Liner                  | Tubing     |      |  |
| Size                               |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Setting Depth                      |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Amount of Cement                   |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Top of Cement                      |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Bottom of Cement                   |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Casing Fluid Level from Su         | rface:                       |               | How Determine | ed?                    |                                                                                                                                           | Date:                      |            |      |  |
| 0                                  |                              |               |               |                        |                                                                                                                                           | sacks of cement. Date:     |            |      |  |
| Do you have a valid Oil & O        | as Lease? 🗌 Yes              | No            |               |                        |                                                                                                                                           |                            |            |      |  |
| Depth and Type: Junk               | in Hole at                   | Tools in Hole | at            | Casing Leaks:          | Yes No                                                                                                                                    | Depth of casing leak(s):   |            |      |  |
|                                    |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
|                                    |                              |               |               |                        |                                                                                                                                           | Port Collar: w /           | 3ack of ce | mem  |  |
| Packer Type:                       | Size: .                      |               | In            | ch Set at:             |                                                                                                                                           | _ Feet                     |            |      |  |
| Total Depth:                       | Plug B                       | ack Depth:    |               | Plug Back Mether       | od:                                                                                                                                       |                            |            |      |  |
|                                    |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Geological Date:                   | Formation Top Formation Base |               |               | Completion Information |                                                                                                                                           |                            |            |      |  |
|                                    | Formatio                     |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Geological Date: Formation Name 1. |                              |               | Feet Pe       | erforation Interval    | to                                                                                                                                        | Feet or Open Hole Interval | to         | Feet |  |

## Submitted Electronically

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

## Mail to the Appropriate KCC Conservation Office:

|  | 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. 4 2301 E. 13th Street Hays, KS 67601-2651



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

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

March 02, 2020

Brent Homeier Mai Oil Operations, Inc. 8411 PRESTON RD STE 800 DALLAS, TX 75225-5520

Re: Temporary Abandonment API 15-051-24593-00-00 CRESS-BEACH 1 NW/4 Sec.13-11S-17W Ellis County, Kansas

Dear Brent Homeier:

"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 03/02/2021.

\* 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 03/02/2021.

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

Very truly yours,

**RICHARD WILLIAMS**"