July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| ODEDATOD: License#   |                    |   |           | ADIN- 45   |  |                      |                         |  |
|--|--------------------|---|-----------|--|--|----------------------|-------------------------|--|
| OPERATOR: License# Name:   |                    |   |           | API No. 15-  Spot Description:                         |  |                      |                         |  |
|  |                    |   |           |  | '  |                      | R DE W                  |  |
| Address 1:   |                    |   |           |  |  |                      | I / S Line of Section   |  |
| Address 2:   |                    |   |           |  |  |                      | / W Line of Section     |  |
| City:         +           Contact Person:  |                    |   |           | GPS Location: Lat:, Long:                              |  |                      |                         |  |
|  |                    |   |           | Datum: _   | NAD27 NAD83  | WGS84                |                         |  |
| Phone:()   |                    |   |           |  | ne: Ele  |                      | GL KB                   |  |
| Contact Person Email:  |                    |   |           | Well Type: (check one) Oil Gas OG WSW Other:           |  |                      |                         |  |
| Field Contact Person Phone: ( )  |                    |   |           | SWD Permit #: ENHR Permit #:                           |  |                      |                         |  |
|  |                    |   |           |  |  |                      |                         |  |
|  | Conductor          | Surface   | Pro       | oduction   | Intermediate                                       | Liner                | Tubing                  |  |
| Size   |                    |   |           |  |  |                      | - Table 1               |  |
| Setting Depth  |                    |   |           |  |  |                      |                         |  |
| Amount of Cement   |                    |   |           |  |  |                      |                         |  |
| Top of Cement  |                    |   |           |  |  |                      |                         |  |
| Bottom of Cement   |                    |   |           |  |  |                      |                         |  |
| 0 : 51:11 16 0 6   |                    |   |           |  |  |                      |                         |  |
| Casing Fluid Level from Surfac   |                    |   |           |  |  |                      |                         |  |
| Casing Squeeze(s):   | to w /             | Sacks of C                                      | ement,    | (top)  | (bottom) W /                                       | Sacks of Cernent.    | Jale                    |  |
| Do you have a valid Oil & Gas  | Lease? Yes         | No  |           |  |  |                      |                         |  |
| Depth and Type:   Junk in F  | Hole at            | Tools in Hole at                                | Ca        | sing Leaks:  | Yes No Depth o                                     | f casing leak(s):    |                         |  |
| Type Completion: ALT. I  |                    |   |           |  |  |                      |                         |  |
| Packer Type:   |                    |   |           |  |  | (аериі)              |                         |  |
| Total Depth:   | Plug Back Depth:   |   |           | Plug Back Method:                                      |  |                      |                         |  |
| Geological Date:   |                    |   |           |  |  |                      |                         |  |
| Formation Name   | Formation          | Top Formation Base                              |           |  | Completion I                                       | oformation           |                         |  |
| 1  | ·                  |   |           |  | pration IntervaltoFeet or Open Hole IntervaltoFeet |                      |                         |  |
| 2  |                    |   |           | pration Interval to Feet or Open Hole Interval to Feet |  |                      |                         |  |
| £  | At                 | 10 1 66   | et rend   | ialion intervar  | 101 661  | or Open Hole Intervi | ai to i eet             |  |
| INDED DENALTY OF BED II  | IDV I LIEDEDV ATTI | ECT TUAT THE INCODM                             | ATION CO  | NTAINED HE   | DEIN IS TOLIE AND COR                              | DECTTO THE DECT      | OF MV KNOW! EDGE        |  |
|  |                    | Submit  | ted Ele   | ctronical  | V  |                      |                         |  |
|  |                    |   |           |  | •  |                      |                         |  |
|  |                    |   |           |  |  |                      |                         |  |
| Do NOT Write in This Date Tested: Results:   |                    |   |           |  | Date Plugged:                                      | Date Repaired: Da    | te Put Back in Service: |  |
| Space - KCC USE ONLY   |                    | _   |           |  |  |                      |                         |  |
| Review Completed by:   |                    |   | Comn      | nents:   |  |                      |                         |  |
| TA Approved: Yes   | Denied Date:       |   |           |  |  |                      |                         |  |
|  |                    | Mail to the Ap                                  | propriate | KCC Conser   | vation Office:                                     |                      |                         |  |
| There have been been been an and heavy   | KCC Dist           | KCC District Office #1 - 210 E. Frontview, Suit |           |  |  | Phone 620.682.7933   |                         |  |
|  |                    |   |           |  |  | Phone 316.337.7400   |                         |  |
| The second secon |                    | KCC District Office #2 - 3450 N. Rock Road,     |           |  |  | 0.0.001.11100        |                         |  |

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

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

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

Laura Kelly, Governor

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

April 14, 2020

Tyler Bell Hummon Corporation PO BOX 365 MEDICINE LODGE, KS 67104

Re: Temporary Abandonment API 15-007-21792-00-00 SMITH 5-36 SW/4 Sec.36-31S-11W Barber County, Kansas

## Dear Tyler Bell:

- "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 04/14/2021.
- \* 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 04/14/2021.

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

Very truly yours,

Michael Maier"