## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

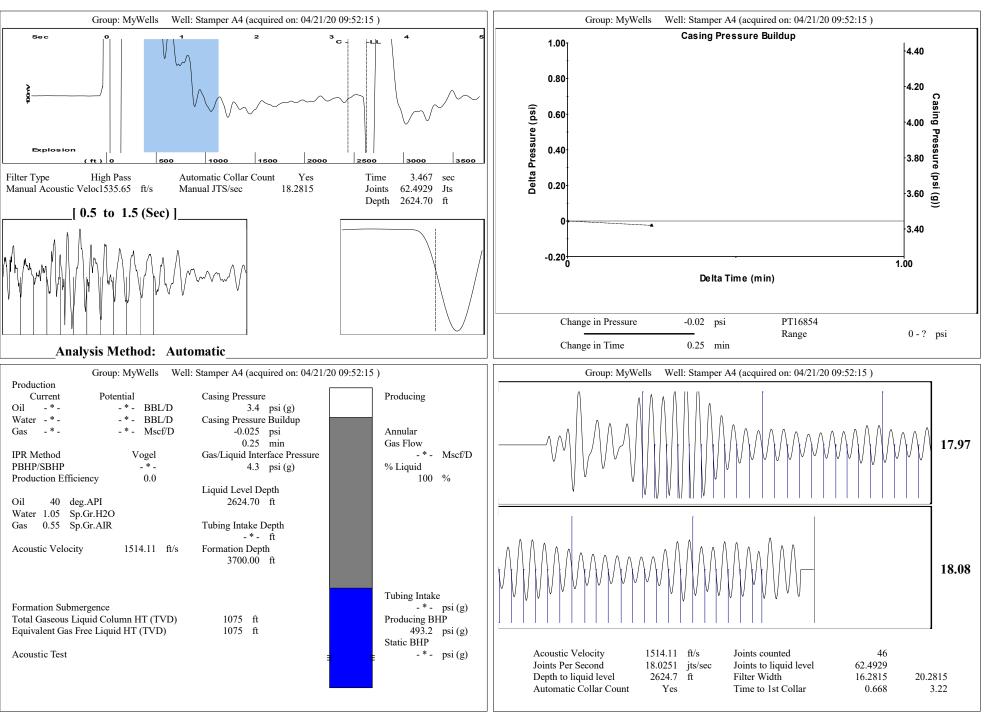
| OPERATOR: License#<br>Name:<br>Address 1:   |  |               |             | API No. 15-          | API No. 15                                      |               |                      |        |           |  |
|---|--|---------------|-------------|----------------------|---|---------------|----------------------|--------|-----------|--|
|   |  |               |             | Spot Descr           | Spot Description:                               |               |                      |        |           |  |
|   |  |               |             | _                    | Sec Twp S. R E W                                |               |                      |        |           |  |
| Address 2:                                  |  |               |             |                      |   |               | feet from N /        |        |           |  |
| City:    State:   Zip:      Contact Person: |  |               |             |                      |   |               |                      |        |           |  |
|   |  |               |             |                      |   |               |                      |        |           |  |
|   |  |               |             |                      |   |               |                      |        |           |  |
|   |  |               |             |                      |   |               |                      |        |           |  |
|   |  |               |             | Well Type: (         |   |               |                      |        |           |  |
| Field Contact Person Phon                   |  |               |             |                      | SWD Permit #: ENHR Permit #:                    |               |                      |        |           |  |
|   |  |               |             |                      | Gas Storage Permit #:  Spud Date: Date Shut-In: |               |                      |        |           |  |
|   |  |               |             | Spud Date:           |   |               | Date Shut-In:        |        |           |  |
|   | Conductor                              | Surfac        | e           | Production           | Intermedia                                      | ate           | Liner                | Tubing | J         |  |
| Size  |  |               |             |                      |   |               |                      |        |           |  |
| Setting Depth                               |  |               |             |                      |   |               |                      |        |           |  |
| Amount of Cement                            |  |               |             |                      |   |               |                      |        |           |  |
| Top of Cement                               |  |               |             |                      |   |               |                      |        |           |  |
| Bottom of Cement                            |  |               |             |                      |   |               |                      |        |           |  |
| Casing Fluid Level from Su                  | rface:                                 |               | How Determi | ned?                 |   |               | Dat                  | ·e·    |           |  |
| Casing Squeeze(s):                          |  |               |             |                      |   |               |                      |        |           |  |
|   |  |               |             | (top)                | (bottom)  |               |                      |        |           |  |
| Do you have a valid Oil & O                 | Sas Lease? Sas Lease?                  | No            |             |                      |   |               |                      |        |           |  |
| Depth and Type: Unk                         | in Hole at                             | Tools in Hole | at          | Casing Leaks:        | Yes No  | Depth of casi | ng leak(s):          |        |           |  |
| Type Completion:                            |  |               |             |                      |   |               |                      |        | of cement |  |
| Packer Type:                                |  |               |             |                      |   |               | (depui)              |        |           |  |
| Total Depth:                                | Plug Back Depth:                       |               |             | Plug Back Meth       | Plug Back Method:                               |               |                      |        |           |  |
| Geological Date:                            |  |               |             |                      |   |               |                      |        |           |  |
| Formation Name                              | tion Name Formation Top Formation Base |               |             |                      | Completion Information                          |               |                      |        |           |  |
| 1   | At:                                    | to            | Feet I      | Perforation Interval | to  | Feet or C     | Open Hole Interval   | to     | Feet      |  |
| 2   | At:                                    | to            | Feet I      | Perforation Interval | to  | Feet or C     | Dpen 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 🗌 [                       | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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

June 02, 2020

Zach Patterson Patterson Energy LLC PO BOX 400 HAYS, KS 67601-0400

Re: Temporary Abandonment API 15-163-20382-00-01 STAMPER A 4 SE/4 Sec.29-08S-17W Rooks County, Kansas

Dear Zach Patterson:

"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 06/02/2021.

\* 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 06/02/2021.

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

Very truly yours,

**RICHARD WILLIAMS**"