Form CP-111 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

| ODED ATOD. Linears#  |                      |   |             | ADIN- 45   |   |                     |                          |  |
|--|----------------------|---|-------------|--|---|---------------------|--------------------------|--|
| OPERATOR: License#  Name:  |                      |   |             | API No. 15-  Spot Description:                         |   |                     |                          |  |
|  |                      |   |             |  | •   |                     | R DE W                   |  |
| Address 1:   |                      |   |             |  |   |                     | N / S Line of Section    |  |
| Address 2:   |                      |   |             |  | feet from E / W Line of Section   |                     |                          |  |
| City: +  |                      |   |             | GPS Location: Lat:, Long:                              |   |                     |                          |  |
| Contact Person:  |                      |   |             |  | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB |                     |                          |  |
|  |                      |   |             |  |   |                     |                          |  |
|  |                      |   |             |  | Lease Name: Well #:   |                     |                          |  |
| Field Contact Person Phone: ( )  |                      |   |             | SWD Permit #: ENHR Permit #:                           |   |                     |                          |  |
|  |                      |   |             |  |   |                     |                          |  |
|  | Conductor            | Surface                                     | Pro         | oduction   | Intermediate  | Liner               | Tubing                   |  |
| Size   | Conductor            | Carraco                                     | 1           | 344011011  | momodato  | Lillor              | Tability                 |  |
| Setting Depth  |                      |   |             |  |   |                     |                          |  |
| Amount of Cement   |                      |   |             |  |   |                     |                          |  |
| Top of Cement  |                      |   |             |  |   |                     |                          |  |
| Bottom of Cement   |                      |   |             |  |   |                     |                          |  |
| Casing Fluid Level from Surfa  | ace:                 | How I                                       | Determined? | ,  |   |                     | Date:                    |  |
| •  |                      |   |             |  |   |                     |                          |  |
| Casing Squeeze(s):   | (bottom)             |   | , _         | (top)  | (bottom)  | <del></del>         |                          |  |
| Do you have a valid Oil & Ga   | s Lease? Yes         | No  |             |  |   |                     |                          |  |
| Depth and Type:  | Hole at [            | Tools in Hole at                            | Ca          | sing Leaks:  | Yes No Depth o  | f casing leak(s):   |                          |  |
| Type Completion: ALT. I  |                      |   |             |  |   |                     |                          |  |
| Packer Type:   |                      |   |             |  |   | (depth)             |                          |  |
|  | Plug Back Depth:     |   |             |  |   |                     |                          |  |
| Total Depth.   | 1 ldg Da             | ок Вории.                                   |             | r lag back wet   |   |                     |                          |  |
| Geological Date:   |                      |   |             |  |   |                     |                          |  |
| Formation Name   |                      |   |             |  | Completion Information  |                     |                          |  |
| 1  | At: to Feet Perfo    |   |             | oration Interval to Feet or Open Hole Interval to Feet |   |                     |                          |  |
| 2  | At:                  | to Fe                                       | eet Perfo   | ration Interval  | to Feet   | or Open Hole Interv | al toFeet                |  |
| INDED DENALTY OF DED   | IIIDV I LIEDEDV ATTI | ECT TUAT TUE INFODI                         | MATION CO   | NITAINIED LIEI   | DEIN IS TOLIE AND COD   | DEATTA THE DEAT     | OE MV KNOW! EDGE         |  |
|  |                      | Submi                                       | ittad Ela   | otronical  | v   |                     |                          |  |
|  |                      | Subini                                      | illeu Ele   | ctronical  | у   |                     |                          |  |
|  |                      |   |             |  |   |                     |                          |  |
| Do NOT Write in This Date Tested: Results:   |                      |   |             |  | Date Plugged:   | Date Repaired: Da   | ite Put Back in Service: |  |
| Space - KCC USE ONLY   |                      |   |             |  |   |                     |                          |  |
| Review Completed by:   |                      |   | Comr        | nents:   |   |                     |                          |  |
| TA Approved: Yes   | Denied Date:         |   |             |  |   |                     |                          |  |
|  |                      | Mail to the A                               | nnronriato  | KCC Consor   | vation Office:  |                     |                          |  |
| 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, |             |  | , <u> </u>  |                     |                          |  |
|  | KCC Dist             | rici Office #2 - 3450 N.                    | ROCK ROAD,  | building 600,  | Suite 601, Wichita, KS 6  | 1220                | Phone 316.337.7400       |  |

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

June 16, 2020

Tyler Bell Hummon Corporation PO BOX 365 MEDICINE LODGE, KS 67104-0365

Re: Temporary Abandonment API 15-007-22730-00-00 PLATT/Z BAR 1-32 SE/4 Sec.32-33S-15W 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 06/16/2021.

- \* 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 06/16/2021.

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

Very truly yours,

Michael Maier"