July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.337.7400

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                                   |                        |            | API No. 15  |  |                |              |                |                 |  |
|--|-----------------------------------|------------------------|------------|---|--|----------------|--------------|----------------|-----------------|--|
| OPERATOR: License#   |                                   |                        |            | API No. 15-  Spot Description:                      |  |                |              |                |                 |  |
| Address 1:   |                                   |                        |            | 1 '   | · Sec.   |                |              |                | E W             |  |
| Address 2:   |                                   |                        |            |   |  |                |              |                |                 |  |
| City:       State:       Zip:       +         Contact Person:                                  |                                   |                        |            | feet from E / W Line of Section                     |  |                |              |                |                 |  |
|  |                                   |                        |            | GPS Location: Lat:, Long:, Datum: NAD27 NAD83 WGS84 |  |                |              | (e.gxxx.xxxxx) | (e.gxxx.xxxxxx) |  |
|  |                                   |                        |            |   | NAD27 NAD  |                |              | Пе             | I  KB           |  |
|  |                                   |                        |            |   | ie:  |                |              |                |                 |  |
|  |                                   |                        |            | Well Type:  | (check one) 🗌 Oi                                       | I Gas OG       | wsw [        | Other:         |                 |  |
|  |                                   |                        |            | SWD Permit #:                                       |  |                |              |                |                 |  |
|  |                                   |                        |            |   |  |                |              |                |                 |  |
|  | Conductor                         | Surface                | Pr         | oduction  | Intermediate   | )              | Liner        | Tubin          | g               |  |
| Size   |                                   |                        |            |   |  |                |              |                |                 |  |
| Setting Depth  |                                   |                        |            |   |  |                |              |                |                 |  |
| Amount of Cement   |                                   |                        |            |   |  |                |              |                |                 |  |
| Top of Cement  |                                   |                        |            |   |  |                |              |                |                 |  |
| Bottom of Cement   |                                   |                        |            |   |  |                |              |                |                 |  |
| Casing Fluid Level from Surfa  | ace.                              | How D                  | etermined' | >   |  |                | г            | Date:          |                 |  |
| Do you have a valid Oil & Gas Depth and Type:   Junk in Type Completion:   ALT. I Packer Type: | Hole at [depth] ALT. II Depth of: | Tools in Hole at       | w / .      | sack  | s of cement P  | ort Collar:    |              |                | of cement       |  |
|  |                                   | Plug Back Method:      |            |   |  |                |              |                |                 |  |
| otal Depth:  | Plug Back                         | Deptn:                 |            | Plug Back Metr                                      | loa:   |                |              |                |                 |  |
| Geological Date:   |                                   |                        |            |   |  |                |              |                |                 |  |
| Formation Name   | Formation T                       | Completion Information |            |   |  |                |              |                |                 |  |
| l  | At:                               | to Fee                 | t Perfe    | oration Interval                                    | to   | _ Feet or Open | Hole Interva | al to          | Feet            |  |
| 2  | At:                               | to Fee                 | et Perfo   | oration Interval                                    | to   | _ Feet or Open | Hole Interva | al to          | Feet            |  |
| INDED DENALTY OF DED I   | HIDVI HEDEDV ATTES                | T TUAT TUE INCODM      | ATION CO   | NITAINED LIE  | IEIN IC TOLIE ANI                                      | COBBECTIO      | TUE DEST     | OE MV KNOMI    | EDCE            |  |
|  |                                   | Submit                 | ted Ele    | ectronicall   | у  |                |              |                |                 |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   |                                   |                        |            |   | Date Plugged: Date Repaired: Date Put Back in Service: |                |              |                |                 |  |
| Review Completed by:   |                                   |                        | Comi       | ments:  |  |                |              |                |                 |  |
| TA Approved: Yes   | Denied Date: _                    |                        |            |   |  |                |              |                |                 |  |
|  |                                   | Mail to the Ap         | propriate  | KCC Conser  | vation Office:   |                |              |                |                 |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                       |                                   |                        |            |   |  |                |              | Phone 620.6    | 82.7933         |  |

KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

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 Dwight D. Keen, Commissioner Andrew J. French, Commissioner

July 28, 2020

Lisa Jones Pantera Energy Company 817 S POLK ST STE 201 AMARILLO, TX 79101-3433

Re: Temporary Abandonment API 15-067-21485-00-01 HJV TAYLOR A 1 NW/4 Sec.11-30S-35W Grant County, Kansas

## Dear Lisa Jones:

- "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 07/28/2021.
- \* 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 07/28/2021.

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

Very truly yours,

Michael Maier"