July 2017 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed
All blanks must be complete

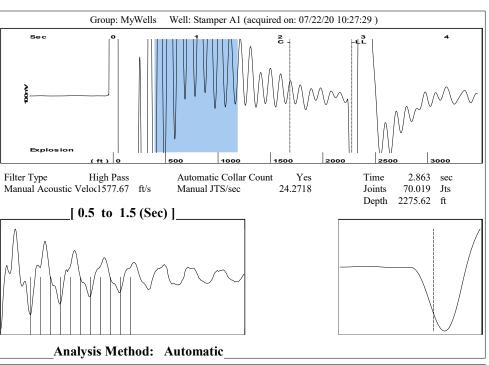
Phone 620.902.6450

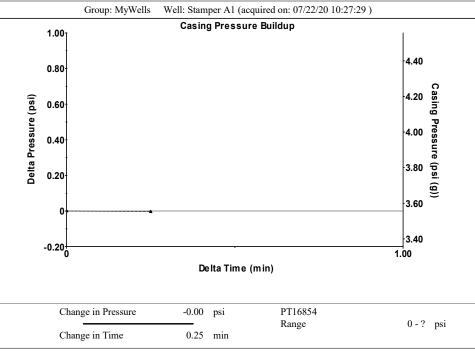
Phone 785.261.6250

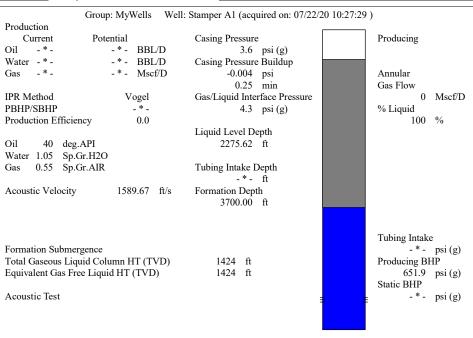
OPERATOR: License# Name: Address 1:				API No. 15											
								Address 2:				feet from N / S Line of Section			
															E / W Line of Section
City: State: Zip: Contact Person: Phone:				GPS Location: Lat: (e.g. xx.xxxxx) , Long: (e.gxxx.xxxxxx) Datum: NAD27 NAD83 WGS84 County: Elevation: GL KB Lease Name: Well #: Well #: Well Type: (check one) Oil Gas OG WSW Other:											
								Field Contact Person:				SWD Permit #: ENHR Permit #:			
								Field Contact Person Phone: ()				Gas Storage Permit #:			
												Spud Date:		Date Shut-In: _	
	Conductor	Surface	Pi	oduction	Intermediate	Liner	Tubing								
Size															
Setting Depth															
Amount of Cement															
Top of Cement															
Bottom of Cement															
Casing Fluid Level from Surfa	ace:	How	Determined	7			Date:								
Casing Squeeze(s):															
Do you have a valid Oil & Ga	ıs Lease? ☐ Yes ☐	No													
•		_		–	7v 🗆 v - 5										
Depth and Type:															
Type Completion: ALT.	I ALT. II Depth	of: DV Tool:	w /	sacks	of cement Po	rt Collar: w	/ sack of cement								
Packer Type:	Size:		Inch	Set at:	F	eet									
Total Depth:	Plug Ba	ck Depth:		Plug Back Metho	od:										
Geological Date:															
Formation Name	Formation	Formation Top Formation Base			Completion Information										
1	At:	to F	eet Perf	oration Interval _	to	Feet or Open Hole Inter	val toFeet								
2	At:	to F	eet Perf	oration Interval _	to	Feet or Open Hole Inter	val toFeet								
HINDED DENALTY OF DED	IIIDV I LIEDEDV ATTE			ectronically		CORRECT TO THE RECT	OE MY INDIAN EDGE								
Do NOT Write in This Space - KCC USE ONLY	Date Tested: Res			Date Plugged: Date Repaired: D			ate Put Back in Service:								
Review Completed by:			Com	ments:											
TA Approved: Yes	Denied Date:														
		Mail to the A	Appropriate	KCC Conserv	ation Office:										
States State State State State State State State States States States	KCC Distr	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801					Phone 620.682.7933								
					.,,										

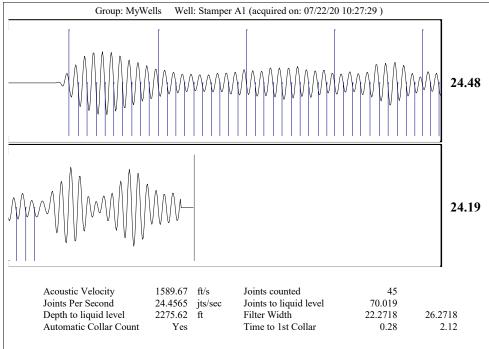
KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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









Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



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

Laura Kelly, Governor

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner

August 12, 2020

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

Re: Temporary Abandonment API 15-163-20328-00-02 STAMPER A 1-32 NW/4 Sec.32-08S-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 08/12/2021.
- * 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 08/12/2021.

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

Very truly yours,

RICHARD WILLIAMS"