July 2017 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

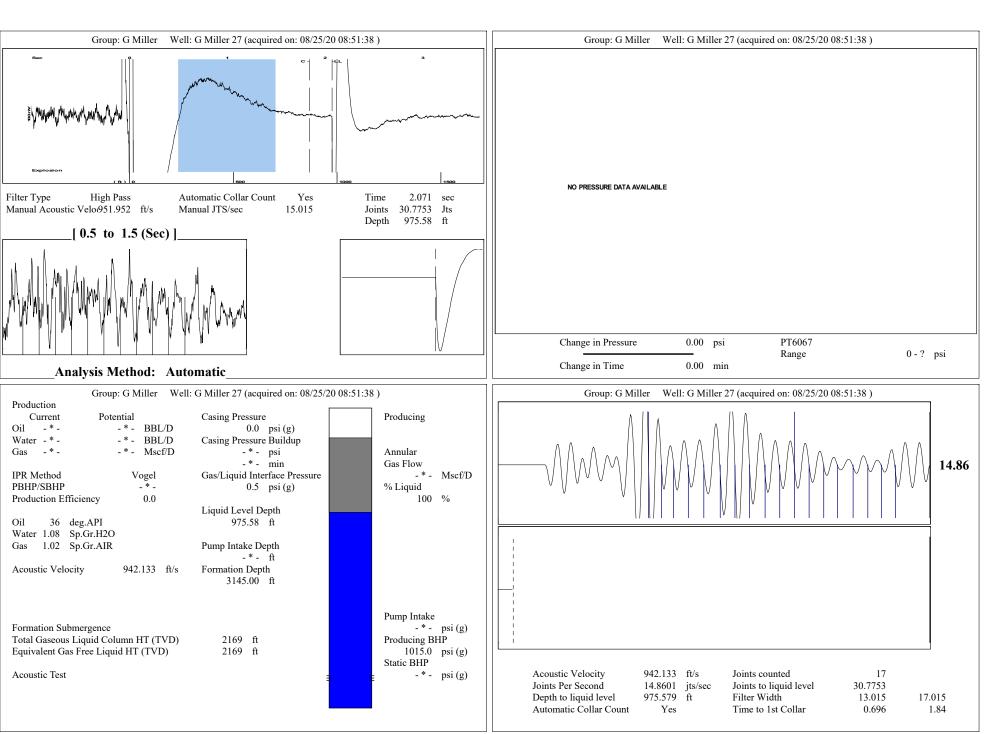
Phone 620.902.6450

Phone 785.261.6250

OPERATOR: License#				API No. 15-											
Name:				Spot Description:											
Address 1:				Sec Twp S. R EW											
Address 2:						feet from N	/ S Line of Section								
City:				GPS Location: Lat:											
								Phone:()							GL KB
Contact Person Email:					e:										
				Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Spud Date: Date Shut-In:											
												Spud Date:		Date Shut-In:	
									Conductor	Surface	Pr	oduction	Intermediate	Liner	Tubing
Size															
Setting Depth															
Amount of Cement															
Top of Cement															
Bottom of Cement															
Casing Fluid Level from Sur	face:	How	Determined?	1		г	Jate:								
Casing Fluid Level from Surface: How Determined? Date:															
(top)	(bottom)			(top)	(bottom)	cacks of comonic i									
Do you have a valid Oil & G	as Lease? Yes	No													
Depth and Type:	n Hole at [Tools in Hole at	Ca	sing Leaks:	Yes No Depth of	f casing leak(s):									
Type Completion: ALT.															
Packer Type:						(See)									
Total Depth:	Plug Bad	ck Depth:		Plug Back Meth	od:										
Geological Date:															
Formation Name Formation Top Formation Base Completion Information															
1	At: to Feet Perfo			oration Interval to Feet or Open Hole Interval to Feet											
2	At:	to F	eet Perfo	ration Interval.	to Feet	or Open Hole Interva	al toFeet								
IINDED DENALTY OF DED	IIIDVIUEDEDV ATTE	CT TU AT TUE INICO	ON ATION CO	NITAINED HED	EIN IS TOLIE AND COD	DECT TO THE DECT	OE MV KNOW! EDGE								
		Subm	nitted Ele	ctronicall	y										
Do NOT Write in This					Date Plugged: Date Repaired: Date Put Back in Service:										
Do NOT Write in This Date Tested: Results: Space - KCC USE ONLY				Date Flugged. Date Repaired. Date Fut back in Service.											
Review Completed by:			Comr	nents:											
TA Approved: Yes	Denied Date:														
		Mail to the A	Appropriate	KCC Conserv	vation Office:										
Depart State State State State State and State	KCC Distr	ict Office #1 - 210 E.	Frontview, Su	ite A, Dodge Ci	ty, KS 67801		Phone 620.682.7933								
	KCC Distr	KCC District Office #2 - 3450 N. Rock Road,			Suite 601, Wichita, KS 67	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. 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

September 08, 2020

Gavin Ramsay Fossil Creek Energy, LLC PO BOX 915 RUSSELL, KS 67665

Re: Temporary Abandonment API 15-167-22438-00-01 G MILLER 27-31 NE/4 Sec.31-14S-13W Russell County, Kansas

Dear Gavin Ramsay:

- "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.
- * 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 .

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

Very truly yours,

RICHARD WILLIAMS"