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:								/ S Line of Section	
City: State: Zip: +								/ W Line of Section	
Contact Person:					GPS Location: Lat:, Long:				
Phone:()					Datum: NAD27 NAD83 WGS84 County:				
(Lease Name: Well #:				
Contact Person Email:					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:		
	Condu	ctor	Surface	Pro	duction	Intermediate	Liner	Tubing	
Size									
Setting Depth									
Amount of Cement									
Top of Cement									
Bottom of Cement									
Casing Fluid Level from Su	ırface.		How De	termined?			D	ate:	
Casing Fluid Level from Surface: How Determined? [Casing Squeeze(s): to									
		•			(тор)	(DOTTOM)			
Do you have a valid Oil & G									
Depth and Type:	in Hole at	depth)	ools in Hole at	Ca	sing Leaks:	Yes No Depth o	f casing leak(s):		
Type Completion: ALT	T. I ALT. II	Depth of:	DV Tool:(depth)	w/_	sack	s of cement Port Col	lar:w / .	sack of cement	
Packer Type:							(depth)		
al Depth: Plug Back Depth: F					Plug Back Method:				
Geological Date:									
Formation Name		Formation Top	Formation Base			Completion Ir	nformation		
cormation Name Formation Top Formation Base Completion Information At: to Feet Perforation Interval to Feet or Open Hole Interval to to to to to to to to								I to Feet	
						ration Interval toFeet or Open Hole Interval toFeet			
<u></u>	^		1 661	i eno	ration intervar	10	or open note interva	1 — 10 — 1 661	
INDED DENALTY OF DE	ם ווופע ו עבפו	EDV ATTECT	TUAT THE INCODMA	TION CO	NTAINED HER	EIN IS TOLIE AND COD	DECTTO THE DEST	NE MV IZMOMI EDGE	
			Submitt	ed Ele	ctronicall	У			
Do NOT Write in This	Date	Tested:	P	oculte:		Date Plugged:	Date Repaired: Date	e Put Back in Service:	
Do NOT Write in This Date Tested: Results: Space - KCC USE ONLY					Date i lugged. Date Repaired. Date i di Dack in Gervice.				
D : 0 14 11				0					
Review Completed by: TA Approved: Yes	Denied	Date:		Comin	nents:				
					-				
	,		Mail to the App	ropriate l	KCC Conserv	ration Office:	-		
Depart Spiles Seaso Spiles Spile Spile Spiles Spiles Spiles	KCC District Office #1 - 210 E. Frontview, Suit				e 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

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

Edens B4-34 960's to Filmo ECHOMETI

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Laura Kelly, Governor

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

September 14, 2020

Tom Kaetzer RedBud Oil & Gas Operating, LLC 16000 STUEBNER AIRLINE RD SUITE 320 SPRING, TX 77379

Re: Temporary Abandonment API 15-205-27424-00-00 EDENS B4-34 NE/4 Sec.34-29S-14E Wilson County, Kansas

Dear Tom Kaetzer:

"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 09/14/2021.

- * 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 09/14/2021.

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

Very truly yours,

Dallas Logan E.C.R.S."