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

| OPERATOR: License#   |                     |   |            | API No. 15   |   |                     |                         |  |
|--|---------------------|---|------------|--|---|---------------------|-------------------------|--|
| OPERATOR: License#   |                     |   |            | API No. 15-  Spot Description:                                     |   |                     |                         |  |
| Address 1:   |                     |   |            |  | •   |                     | R DE                    |  |
|  |                     |   |            |  |   |                     | I / S Line of Section   |  |
| Address 2:   |                     |   |            | feet from E / W Line of Section                                    |   |                     |                         |  |
| Contact Person:  |                     |   |            | GPS Location: Lat:, Long:  |   |                     |                         |  |
| Phone:( )  |                     |   |            | Datum:         NAD27         NAD83         WGS84           County: |   |                     |                         |  |
|  |                     |   |            |  | ie: Eie   |                     |                         |  |
|  |                     |   |            |  |   |                     | Other:                  |  |
|  |                     |   |            | SWD Permit #: ENHR Permit #:                                       |   |                     |                         |  |
|  |                     |   |            |  | orage Permit #:                                       |                     |                         |  |
|  |                     |   |            | Spud Date:   |   | Date Shut-In:       |                         |  |
|  | Conductor           | Surface                                     | Pro        | oduction   | Intermediate  | Liner               | Tubing                  |  |
| Size   |                     |   |            |  |   |                     |                         |  |
| Setting Depth  |                     |   |            |  |   |                     |                         |  |
| Amount of Cement   |                     |   |            |  |   |                     |                         |  |
| Top of Cement  |                     |   |            |  |   |                     |                         |  |
| Bottom of Cement   |                     |   |            |  |   |                     |                         |  |
| Casing Fluid Level from Sur  | rface:              | How De                                      | etermined? | ı  |   | Г                   | Date:                   |  |
| Casing Fluid Level from Surface:       How Determined?       Date: |                     |   |            |  |   |                     |                         |  |
|  |                     | _   |            | (top)  | (bottom)  |                     |                         |  |
| Do you have a valid Oil & G  | as Lease? Yes       | No  |            |  |   |                     |                         |  |
| Depth and Type:  | in Hole at          | Tools in Hole at                            | Ca         | sing Leaks:  | Yes No Depth of                                       | casing leak(s):     |                         |  |
| Type Completion: ALT   |                     |   |            |  |   |                     |                         |  |
| Packer Type:   |                     |   |            |  |   | (depth)             |                         |  |
|  |                     |   |            |  |   |                     |                         |  |
| Total Depth:   | Plug Bac            | к Deptn:                                    |            | Plug Back Metr   | lod:  |                     |                         |  |
| Geological Date:   |                     |   |            |  |   |                     |                         |  |
| Formation Name Formation Top Formation Base Completion Information |                     |   |            |  |   |                     |                         |  |
| 1  | At: to Feet Perfor  |   |            |  | ration Interval to Feet or Open Hole Interval to Feet |                     |                         |  |
| 2  | At: to Feet Perfora |   |            |  | ration Interval to Feet or Open Hole Interval to Feet |                     |                         |  |
| LINDED DENALTY OF DEE  |                     |   |            |  |   |                     |                         |  |
| TIMINED BENKET VAL BEE   | THE THEBESO ATTE    |   |            |  |   | BEATTA THE BEET     | AE MV PRIMINI ENGE      |  |
|  |                     | Submit                                      | ted Ele    | ctronicall   | у   |                     |                         |  |
|  |                     |   |            |  |   |                     |                         |  |
| Do NOT Write in This   | Date Tested:        | Б   | lesults:   |  | Date Plugged: I                                       | Date Repaired: Date | te Put Back in Service: |  |
| Space - KCC USE ONLY   |                     | ľ   | lesuits.   |  | Date Flugged.   | Date Repaired. Dat  | te Fut back in Service. |  |
| •  |                     |   |            |  |   |                     |                         |  |
| Review Completed by:   |                     |   | Comn       | nents:   |   |                     |                         |  |
| TA Approved: Yes   | Denied Date:        |   |            |  |   |                     |                         |  |
|  |                     | Mail to the App                             | propriate  | KCC Conserv  | vation Office:  |                     |                         |  |
| Object Sales Seen Sales Sales See See Seed Seeds Ma                | KCC Distri          | ct Office #1 - 210 E. Fro                   | ntview, Su | te A, Dodge City, KS 67801   |   |                     | Phone 620.682.7933      |  |
|  | KCC Distri          | 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. 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

September 22, 2020

Zafar Ullah Atlas Operating LLC 1900 St James Place, suite 800 HOUSTON, TX 77056

Re: Temporary Abandonment API 15-055-22012-00-00 GARDEN CITY "B" 16-19 NW/4 Sec.19-22S-33W Finney County, Kansas

## Dear Zafar Ullah:

- "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 09/22/2021.
- \* 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 09/22/2021.

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

Very truly yours,

Michael Maier"