KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

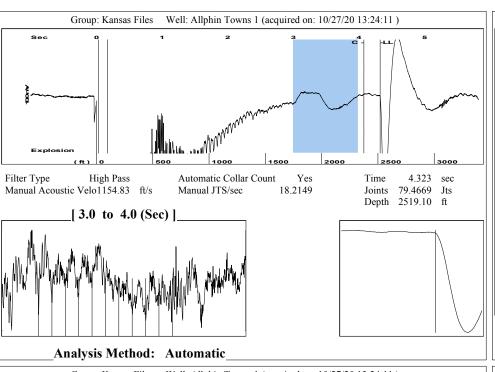
Form CF-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

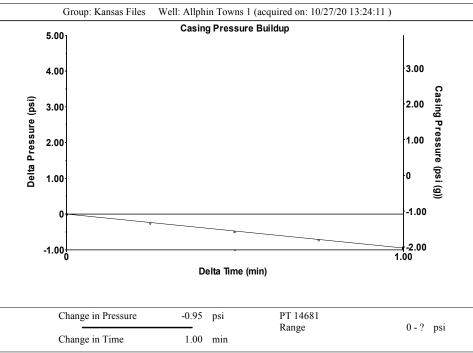
## TEMPORARY ABANDONMENT WELL APPLICATION

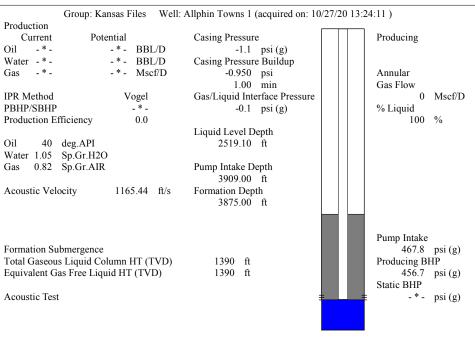
| OPERATOR: License#                                                                             |                              |                                                   |           |          | API No. 15-            |                             |              |                |                           |          |         |
|------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------|-----------|----------|------------------------|-----------------------------|--------------|----------------|---------------------------|----------|---------|
| Name:                                                                                          |                              |                                                   |           |          | Spot Descr             | iption:                     |              |                |                           |          |         |
| Address 1:                                                                                     |                              |                                                   |           |          |                        | Sec                         |              |                | R                         | DE       | W       |
| Address 2:                                                                                     |                              |                                                   |           |          |                        |                             | fe           | eet from 🔲 I   | ۷/ 🔲 ٤                    | Line of  | Section |
| City:                                                                                          |                              |                                                   |           |          |                        |                             |              |                |                           |          | Section |
| Contact Person:                                                                                |                              | GPS Location: Lat:                                |           |          |                        |                             |              |                |                           |          |         |
| Phone:( )                                                                                      |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |
| Contact Person Email:                                                                          |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |
| Field Contact Person:                                                                          |                              | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |           |          |                        |                             |              |                |                           |          |         |
| Field Contact Person Phone                                                                     |                              |                                                   |           |          | Gas Sto                | ermit #:<br>orage Permit #: |              |                |                           |          |         |
|                                                                                                | Conductor                    | Surfa                                             | ce        | Pro      | duction                | Intermediate                | ,            | Liner          |                           | Tubing   |         |
| Size                                                                                           | - Conductor                  | - Carra                                           |           |          |                        | ouidia                      |              |                |                           |          |         |
| Setting Depth                                                                                  |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |
| Amount of Cement                                                                               |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |
| Top of Cement                                                                                  |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |
| Bottom of Cement                                                                               |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |
| Do you have a valid Oil & Ga  Depth and Type:   Junk in  Type Completion:   ALT.  Packer Type: | n Hole at                    | Tools in Hole                                     | :(depth)  | w/_      | sack                   | s of cement P               | ort Collar:  |                |                           |          |         |
| Total Depth:                                                                                   | Plug B                       | ack Depth:                                        |           | F        | Plug Back Meth         | nod:                        |              |                |                           |          |         |
| Geological Date:                                                                               |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |
| Formation Name                                                                                 | Formation Top Formation Base |                                                   |           |          | Completion Information |                             |              |                |                           |          |         |
| 1                                                                                              | At:                          | to                                                | Feet      | Perfor   | ation Interval         | to                          | _ Feet or Op | en Hole Interv | /al                       | _ to     | Feet    |
| 2                                                                                              | At:                          | to                                                | Feet      | Perfor   | ation Interval         | to                          | Feet or Op   | en Hole Interv | ⁄al                       | _ to     | Feet    |
| INDED BENALTY OF BED                                                                           | HIDVILLEDEDY ATT             |                                                   | INFORMATI | 1011 001 | ITAINED HER            | SEIN IO TOUE AND            |              | O THE DEST     | . OF MY 1                 | (NOW! EE |         |
|                                                                                                |                              |                                                   |           |          | ctronicall             |                             |              |                |                           |          |         |
| Do NOT Write in This<br>Space - KCC USE ONLY                                                   | Date Tested:                 |                                                   | Results:  |          |                        | Date Plugged                | : Date Re    | paired: Da     | Date Put Back in Service: |          | be:     |
| Review Completed by:                                                                           |                              |                                                   |           | _ Comm   | ents:                  |                             |              |                |                           |          |         |
| TA Approved: Yes                                                                               | Denied Date                  | e:                                                |           |          |                        |                             |              |                |                           |          |         |
|                                                                                                |                              |                                                   |           |          |                        |                             |              |                |                           |          |         |

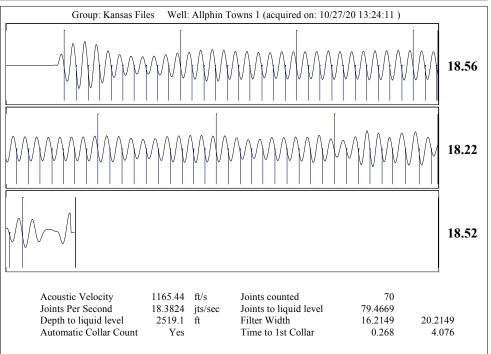
## Mail to the Appropriate KCC Conservation Office:

| these base from two tops on and first many made was form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |  |
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| 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |  |
| The control of the co | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |  |  |
| Similar State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |  |  |









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

October 30, 2020

Melissa Woydziak Hoffman Resources LLC 165 WEST 1ST STREET PO BOX 387 HOISINGTON, KS 67544-0387

Re: Temporary Abandonment API 15-065-23020-00-00 ALLPHIN TOWNS UNIT 1 SW/4 Sec.33-09S-21W Graham County, Kansas

## Dear Melissa Woydziak:

"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 10/30/2021.

- \* 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 10/30/2021.

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

Very truly yours,

**RICHARD WILLIAMS"**