KOLAR Document ID: 1535055

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

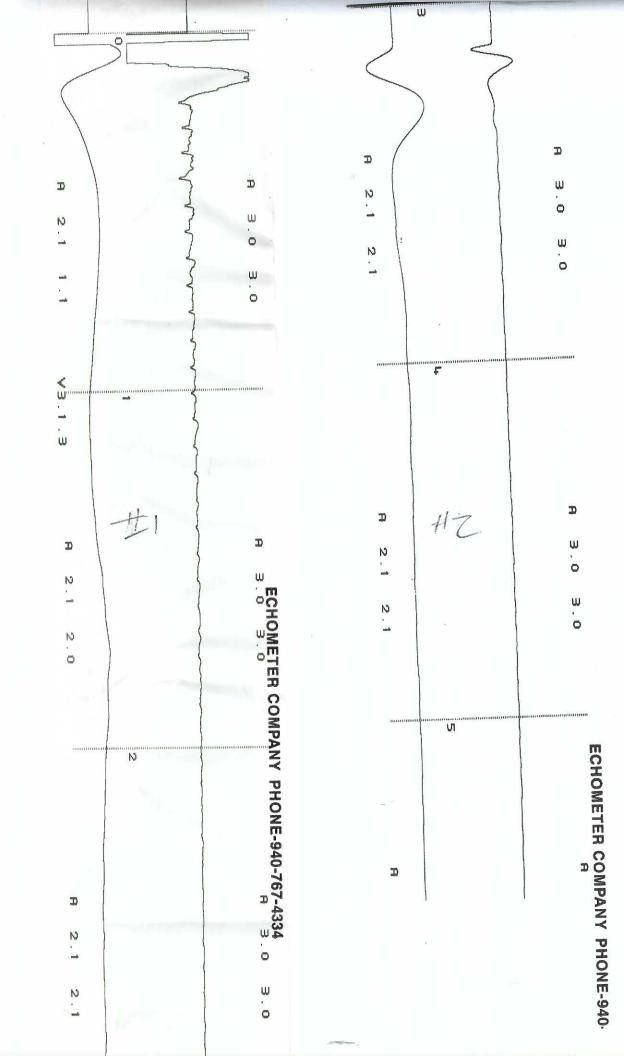
July 2017 Form must be Typed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete

| OPERATOR: License#   |                     |                  |              | API No. 15-         |                              |                            |                           |  |  |
|--|---------------------|------------------|--------------|---------------------|------------------------------|----------------------------|---------------------------|--|--|
| Name:  |                     |                  |              | Spot Descr          | Spot Description:            |                            |                           |  |  |
| Address 1:   |                     |                  |              | _   -,              | •                            |                            | s. R 🔲 E 🔲 W              |  |  |
| Address 2:   |                     |                  |              |                     |                              |                            | N / S Line of Section     |  |  |
| ·  |                     |                  |              |                     |                              |                            | E / W Line of Section     |  |  |
| City:  |                     |                  |              | GF 3 Locati         | GPS Location: Lat:, Long:    |                            |                           |  |  |
|  |                     |                  |              | Datuiii.            | NAD27 NAD                    |                            |                           |  |  |
| Phone: ( )   |                     |                  |              | I aaaa Nam          | County:                      |                            |                           |  |  |
|  |                     |                  |              | - Mall Times        |                              |                            |                           |  |  |
|  |                     |                  |              | SWD P               | SWD Permit #: ENHR Permit #: |                            |                           |  |  |
|  |                     |                  |              | Gas Sto             | Gas Storage Permit #:        |                            |                           |  |  |
|  |                     |                  |              | Spud Date:          |                              | Date Shut-In: _            |                           |  |  |
|  | Conductor           | Surface          |              | Production          | Intermediate                 | Liner                      | Tubing                    |  |  |
| Size   |                     |                  |              |                     |                              |                            |                           |  |  |
| Setting Depth  |                     |                  |              |                     |                              |                            |                           |  |  |
| Amount of Cement   |                     |                  |              |                     |                              |                            |                           |  |  |
| Top of Cement  |                     |                  |              |                     |                              |                            |                           |  |  |
| Bottom of Cement   |                     |                  |              |                     |                              |                            |                           |  |  |
| Casing Fluid Level from Surf   | ace:                |                  | How Determin | ed?                 |                              |                            | Date:                     |  |  |
| -  |                     |                  |              |                     |                              |                            | Date:                     |  |  |
| (top)<br>Do you have a valid Oil & Ga                                    | , ,                 |                  |              | (top)               | (bottom)                     |                            |                           |  |  |
|  |                     |                  |              |                     |                              |                            |                           |  |  |
| Depth and Type:  | n Hole at [ (depth) | Tools in Hole a  | t<br>(depth) | Casing Leaks: L     | 」Yes ∐ No De                 | epth of casing leak(s):    |                           |  |  |
| Type Completion: ALT.  | I ALT. II Depth     | of: DV Tool: _   | V<br>(depth) | v / sack            | s of cement Po               | ort Collar: w              | // sack of cemen          |  |  |
| Packer Type:   |                     |                  |              |                     |                              |                            |                           |  |  |
| Total Depth:   | Plug Ba             | ck Depth:        |              | Plug Back Meth      | od:                          |                            |                           |  |  |
| Geological Date:   |                     |                  |              |                     |                              |                            |                           |  |  |
| Formation Name   | Formation           | Top Formation E  | Base         |                     | Comple                       | etion Information          |                           |  |  |
| I  |                     | •                |              | erforation Interval | ·                            |                            | val toFeet                |  |  |
| )  |                     | to               |              |                     |                              |                            | val toFeet                |  |  |
|  | 74.                 | 10               |              | choration interval  | 10                           | = rect of open riole lines | vai to i cot              |  |  |
| INDED DENALTY OF DED   | IIIDV I UEDEDV ATTI | ECT TU AT TUE IN | EODMATION :  | CONTAINED HER       | CIN IC TOLIC AND             | CODDECT TO THE DEC         | T OF MV KNOW! FDOE        |  |  |
|  |                     | Su               | bmitted E    | Electronicall       | У                            |                            |                           |  |  |
|  |                     |                  |              |                     | •                            |                            |                           |  |  |
|  |                     |                  |              |                     |                              |                            |                           |  |  |
| Do NOT Write in This Space - KCC USE ONLY                                | Date Tested:        |                  | Results:     |                     | Date Plugged                 | : Date Repaired: D         | Pate Put Back in Service: |  |  |
| Space - NOC OSE ONE  |                     |                  |              |                     |                              |                            |                           |  |  |
| Review Completed by:   |                     |                  | Co           | omments:            |                              |                            |                           |  |  |
| TA Approved: Yes   | Denied Date:        |                  |              |                     |                              |                            |                           |  |  |
|  |                     | Mail to t        | he Appropria | te KCC Conserv      | vation Office:               |                            |                           |  |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |                     |                  |              |                     |                              |                            | Phone 620.682.7933        |  |  |
|  |                     |                  |              |                     | Suite 601 Wichita            | VS 67226                   | Phone 316 337 7400        |  |  |

| from their trees now make the new facts among many from their trees. | KCC District Office #1 - 210 E. Frontview, Suite 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                            | Phone 620.902.6450 |
| See                              | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Laura Kelly, Governor

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

November 03, 2020

Jason Jordan Oil Management Inc. P.O. BOX 642 WELLINGTON, KS 67152-0642

Re: Temporary Abandonment API 15-173-20077-00-00 LYGRISSE B-2 NE/4 Sec.12-26S-02E Sedgwick County, Kansas

## Dear Jason:

- "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 11/03/2021.
- \* 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 11/03/2021.

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

Very truly yours,

Dan Fox"