KOLAR Document ID: 1536886

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

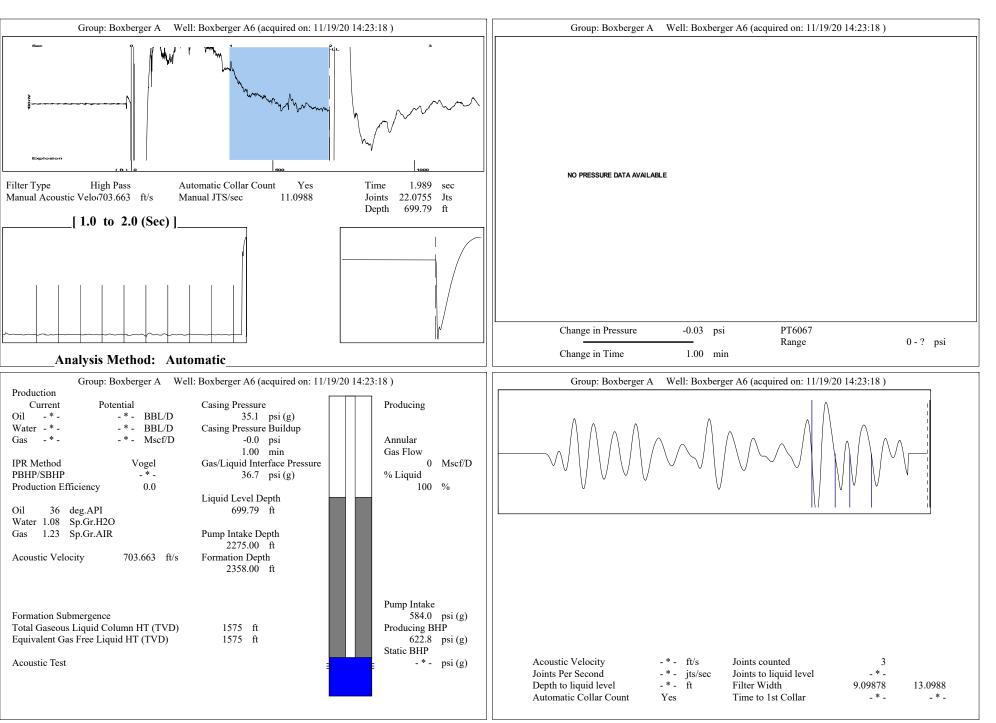
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

| Spot Description: | OPERATOR: License# | | | | | API No. 15- | | | | | | |
|--|----------------------|---|---|------------|---------------|-------------------|-----------------------------|---------------------|--------------|----------------|---------------------------|---------|
| Address 1: | | | | | | Spot Descri | iption: | | | | | |
| State Zip | | | | | | | • | | | | | W |
| Contract Person: | | | | | | | | | feet from | N / | S Line of S | Section |
| Contact Person: | | | | | | | | | | | | Section |
| Phone: () County: Elevation: GL _ KB _ K | | | GPS Location: Lat:, Long:, (e.g. xx.xxxxxx) | | | | | | | | | |
| Lease Name: Well #: | | | | | | _ | | | | | | □ KB |
| Well Type: (check one) Oil Gas OG WSW Other: | ,, | | | | | | | | | | | |
| Size | | | | | | | | | | | | |
| Size Setting Depth Amount of Cement Top of Cement Bottom of Cement Casing Fluid Level from Surface: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement, (rep) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (loop) to (bottom) w/ sacks of cement. Date: (loop) to (loop) w/ sacks of cement. Date: (loop) w/ sacks of cement. Date: Poper Casing Leaks: Yes No Depth of casing leak(s): (loop) w/ sacks of cement. Date: (loop) w/ sacks of cement. Date: (loop) w/ sacks of cement. Date: Poper Casing Leaks: Yes No Depth of casing leak(s): (loop) w/ sacks of cement. Date: (loop) w/ sacks of cement. Date: Poper Casing Leaks: Yes No Depth of casing leak(s): (loop) w/ sacks of cement. Date: (loop) w/ sacks of cement. Date: Poper Casing Leaks: Yes No Depth of casing leak(s): (loop) w/ sacks of cement. Date: (loop) w/ sacks of cement. | | | | | | SWD Pe | ermit #: orage Permit #: | | | IR Permit #: - | | |
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| Amount of Cement Dot of Cement Dottom of Cemen | Size | | | | | | | | | | | |
| Top of Cement Bottom of Cemen | Setting Depth | | | | | | | | | | | |
| Bottom of Cement Casing Fluid Level from Surface: | Amount of Cement | | | | | | | | | | | |
| Casing Fluid Level from Surface: | Top of Cement | | | | | | | | | | | |
| Casing Squeeze(s): | Bottom of Cement | | | | | | | | | | | |
| Geological Date: Formation Name Formation Top Formation Base Completion Information At: | Depth and Type: | n Hole at [(depth) ALT. II Depth Size: | Tools in Ho | ol:(depth) | w / _ Inch | sacks Set at: | s of cement F | Port Collar Feet | | | | cement |
| Formation Name Formation Top Formation Base Completion Information At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet Submitted Electronically Do NOT Write in This Space - KCC USE ONLY Review Completed by: Comments: Comments: Comments: | тотаї Deptn: | Plug Ba | ск Deptn: | | ' | Plug Back Metho | oa: | | _ | | | |
| At: to Feet Perforation Interval to Feet or Open Hole Interval To | · · | | | | | | | | | | | |
| At: | | | • | | | | · | | | | | |
| Submitted Electronically Do NOT Write in This Space - KCC USE ONLY Review Completed by: Comments: | 1 | At: | to | Feet | | | | | | | | |
| Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY Review Completed by: Comments: | 2 | At: | to | Feet | Perfo | ration Interval – | to | Feet o | r Open Hole | Interval | to | _Feet |
| Space - KCC USE ONLY Review Completed by: Comments: | INDED DENALTY OF BED | IIIDVI UEDEDV ATTI | | | | | | D COBBE | ECT TO THE | DECT OF M | A INVINI EU | .∕E |
| | | | | Results: | | | Date Plugge | d: Dat | te Repaired: | Date Put | Date Put Back in Service: | |
| | Review Completed by: | | | | _ Comm | ents: | | | | | | |
| | | Denied Date: | | | | | | | | | | |

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 |
|--|--|--------------------|
| 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

November 23, 2020

Gavin Ramsay Fossil Creek Energy, LLC PO BOX 915 RUSSELL, KS 67665-0915

Re: Temporary Abandonment API 15-167-06057-00-00 BOXBERGER A 6 SE/4 Sec.26-14S-14W 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 11/23/2021.

- * 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 11/23/2021.

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

Very truly yours,

RICHARD WILLIAMS"