Form must be Typed

TEMPORARY ABANDON

OPERATOR: License# _____

Contact Person Email: _____

Field Contact Person Phone: (_____) ____

Casing Fluid Level from Surface:_____

Do you have a valid Oil & Gas Lease? Yes No

Conductor

Casing Squeeze(s): _____ to ____ w / ____ sacks of cement,

Depth and Type:

Junk in Hole at _____ Tools in Hole at _____ (depth) Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

___ Size: ___

LINDED BENALTY OF DED HIDV LUEDEDY ATTEST THAT THE INFORMATION C

___ Plug Back Depth: ___

Formation Top Formation Base ____ At: ____ to ____ Feet

Surface

Name: __ Address 1: Address 2: ___

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth: ___

Geological Date: Formation Name

Contact Person: ____ Phone:(_____) __

Field Contact Person: ___

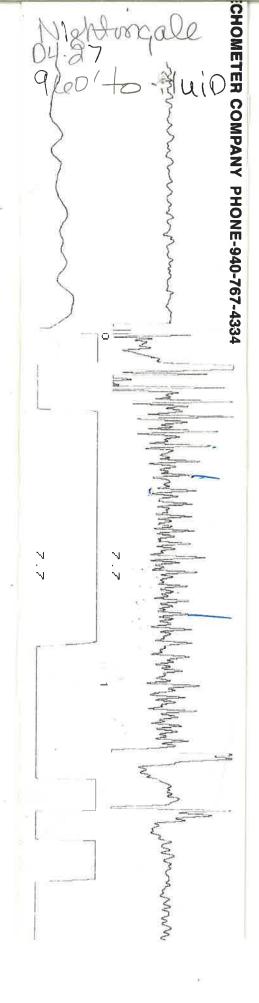
| ABAN | DONM | IENT W | ELL APPLICA | TION AI | Form must be signed Il blanks must be complete | | | | |
|------------|-----------|--------------------------|-----------------------|---------------------------|--|--|--|--|--|
| | | API No. 15- | | | | | | | |
| | | | iption: | | | | | | |
| | | | Sec | Twp S. R feet from N / | E W | | | | |
| + | | GPS Locati | on: Lat: | , Long: WGS84 | (e.gxxx.xxxxx) | | | | |
| | | | GL KB | | | | | | |
| | | Well Type: (check one) | | | | | | | |
| | | Spud Date: Date Shut-In: | | | | | | | |
| face | Pro | duction | Intermediate | Liner | Tubing | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| How De | termined? | | | Da | ite: | | | | |
| | | | (bottom) W / | | | | | | |
| ole at | Cas | sing Leaks: | Yes No Depth of | casing leak(s): | | | | | |
| ol:(depth) | w/ | | s of cement Port Coll | ar:w / _ | sack of cement | | | | |
| | F | Plug Back Meth | od: | _ | | | | | |
| | | | | | | | | | |
| tion Base | | | Completion In | formation | | | | | |
| Feet | Perfor | ration Interval | toFeet | or Open Hole Interval | to Feet | | | | |
| Feet | Perfor | ration Interval - | to Feet | or Open Hole Interval | toFeet | | | | |
| | | ctronically | EIN 18 TBLIE AND COD! | DECTTO THE BEST O | E MV VAIONII EDGE | | | | |

Submitted Ele

| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Results: | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|---|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by: | | Comments: | | | |
| TA Approved: Yes D | enied Date: | | | | |

Mail to the Appropriate KCC Conservation Office:





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



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

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

December 23, 2020

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

Re: Temporary Abandonment API 15-205-26210-00-00 NIGHTINGALE D4-27 SE/4 Sec.27-30S-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 12/23/2021.

- * 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 12/23/2021.

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

Very truly yours,

Dallas Logan E.C.R.S."