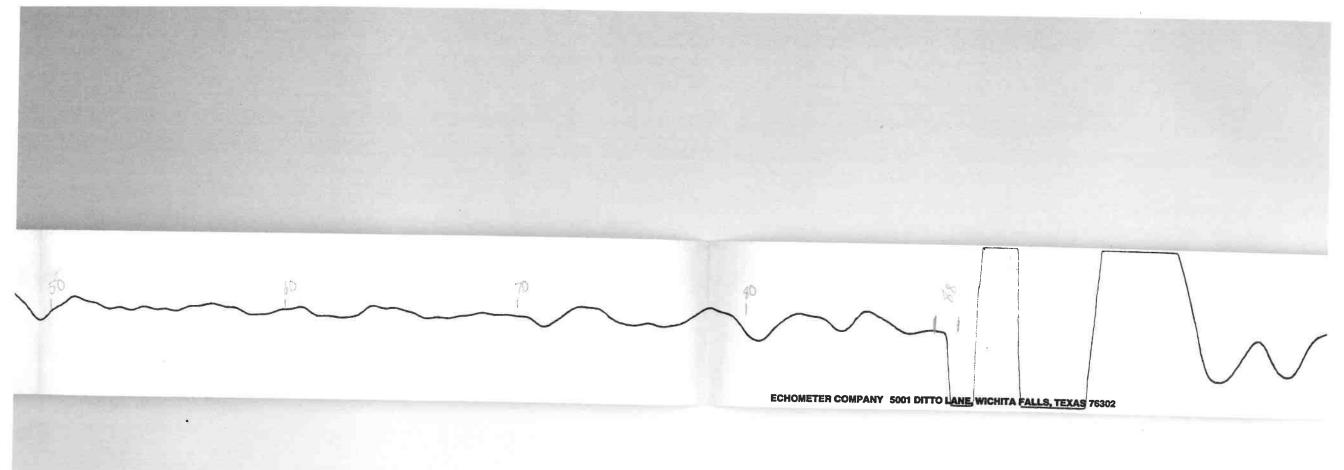
Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

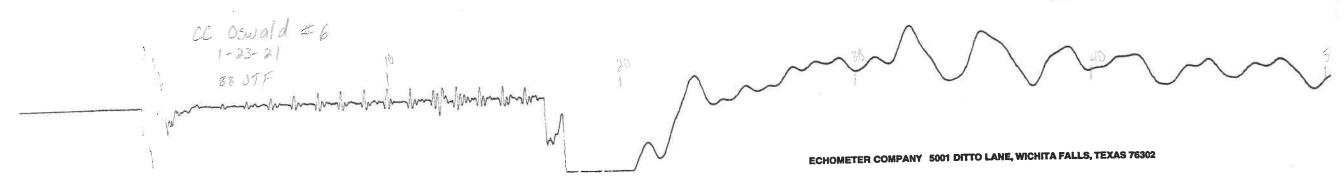
## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                            |                              |   |           |          | API No. 15-            |                  |             |                    |           |                      |              |  |
|---|------------------------------|---|-----------|----------|------------------------|------------------|-------------|--------------------|-----------|----------------------|--------------|--|
| Name:   |                              |   |           |          | Spot Descri            | iption:          |             |                    |           |                      |              |  |
| Address 1:                                    |                              |   |           |          |                        | · Sec            |             |                    | _ S. R    | [                    | _ E _ W      |  |
| Address 2:                                    |                              |   |           |          |                        |                  |             | feet from          | N /       | S Line               | e of Section |  |
| City:   |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Contact Person:                               |                              | GPS Location: Lat:  |           |          |                        |                  |             |                    |           |                      |              |  |
|   |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Phone:( )Contact Person Email:                |                              |   |           |          | Lease Name: Well #:    |                  |             |                    |           |                      |              |  |
|   |                              | Well Type: (check one)    Oil    Gas    OG    WSW    Other: |           |          |                        |                  |             |                    |           |                      |              |  |
| Field Contact Person:                         |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
|   | Conductor                    | Surfac  | e         | Proc     | luction                | Intermediate     | <u> </u>    | Liner              |           | Tubi                 | ina          |  |
| Size  |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Setting Depth                                 |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Amount of Cement                              |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Top of Cement                                 |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Bottom of Cement                              |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Do you have a valid Oil & Ga  Depth and Type: | n Hole at                    | Tools in Hole   | (depth)   | w/       | sacks                  | s of cement P    | ort Collar: |                    |           |                      |              |  |
| Total Depth:                                  | Plug B                       | ack Depth:  |           | P        | lug Back Meth          | od:              |             |                    |           |                      |              |  |
| Geological Date:                              |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Formation Name                                | Formation Top Formation Base |   |           |          | Completion Information |                  |             |                    |           |                      |              |  |
| 1   | At:                          | to  | Feet      | Perfora  | ation Interval         | to               | _ Feet or O | pen Hole I         | nterval   | to _                 | Feet         |  |
| 2   | At:                          | to  | Feet      | Perfora  | ation Interval -       | to               | Feet or O   | pen Hole I         | nterval _ | to _                 | Feet         |  |
| INDED BENALTY OF BED                          | HIDVILLEDEDY ATT             |   | INFORMATI | ION CON  | TAINED HED             | SEIN IO TOUE AND |             | TO THE D           |           | BAY KNOW             | "            |  |
|   |                              |   |           |          | tronicall              |                  |             |                    |           |                      |              |  |
|   |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |
| Do NOT Write in This<br>Space - KCC USE ONLY  |                              |   | Resi      | Results: |                        | Date Plugged     | : Date R    | ate Repaired: Date |           | Put Back in Service: |              |  |
| Review Completed by:                          |                              |   |           | _ Comme  | ents:                  |                  |             |                    |           |                      |              |  |
| TA Approved: Yes                              | Denied Date                  | e:  |           |          |                        |                  |             |                    |           |                      |              |  |
|   |                              |   |           |          |                        |                  |             |                    |           |                      |              |  |

## Mail to the Appropriate KCC Conservation Office:

| there have been more than but and from manage made one there is not  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The second of th | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Sime Street Street State State Street | 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

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

February 02, 2021

Dylan Klaus Vess Oil Corporation 1700 WATERFRONT PKWY BLDG 500 WICHITA, KS 67206-6619

Re: Temporary Abandonment API 15-167-19423-00-00 OSWALD C C 6 SE/4 Sec.08-12S-15W Russell County, Kansas

## Dear Dylan Klaus:

"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 02/02/2022.

- \* 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 02/02/2022.

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

Very truly yours,

**RICHARD WILLIAMS"**