Form CP-111

July 2017

Form must be Typed

Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| | | | | I | | | |
|--|-----------------------|--|---------------|--|-------------------------|-----------------------|---------------------------|
| OPERATOR: License# | | | | API No. 15- | | | |
| Name: | | | | Spot Description: | | | |
| Address 1: | | | | | | | R |
| Address 2: | | | | 1 | | | I / S Line of Section |
| City: State: Zip: | | | | | | | |
| | | | | | | | |
| | | | | Lease Name: Well #: | | | |
| | | | | | | | Other: |
| | | | | ☐ SWD Permit #: ☐ ENHR Permit #: ☐ Gas Storage Permit #: | | | |
| | | | | | , | | |
| | | | | Spud Date | | Date Shut-in | |
| | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing |
| Size | | | | | | | |
| Setting Depth | | | | | | | |
| Amount of Cement | | | | | | | |
| Top of Cement | | | | | | | |
| Bottom of Cement | | | | | | | |
| Casing Fluid Level from Su | rface: | How D | etermined? | | | | Date: |
| Casing Squeeze(s): | | | | | | | |
| | | _ | | (top) | (bottom) | | |
| Do you have a valid Oil & G | | _ | | | | | |
| Depth and Type: | in Hole at | Tools in Hole at | Ca | sing Leaks: | Yes No Depth of | f casing leak(s): | |
| Type Completion: ALT | | | | | | | |
| Packer Type: | | | | | | (depth) | |
| Total Depth: | Plug Bad | ck Denth: | | Plug Back Meth | ood: | | |
| | ug 2 | <u></u> | | | | | |
| Geological Date: | | | | | | | |
| Formation Name Formation Top Formation Base Completion Information | | | | | | | |
| At: to Feet Perfor | | | | ration Interval to Feet or Open Hole Interval to Feet | | | |
| 2 | At: | to Fee | et Perfo | ration Interval | to Fee | t or Open Hole Interv | al toFeet |
| LINDED DENALTY OF DE | O ILIDV I HEDEDV ATTE | CT TUAT TUE INCODM | IATION CO | NTAINED HE | DEIN IS TOLIE AND COL | | OE MV KNOW! EDGE |
| | | | | | | | |
| | | Submit | ted Ele | ctronical | У | | |
| | | | | | | | |
| Do NOT Write in This | Date Tested: | | Date Plugged: | Date Repaired: Da | te Put Back in Service: | | |
| Space - KCC USE ONLY | | | Results: | | Date i lugged. | Date Repaired. Da | te i ut back iii deivice. |
| • | | | | | | | |
| Review Completed by: | | | Comr | nents: | | | |
| TA Approved: Yes | Denied Date: | | | | | | |
| | | Mail to the Ap | propriate | KCC Conser | vation Office: | | |
| Strains Spring Street State State State and Strains in | KCC Distr | KCC District Office #1 - 210 E. Frontview, Sui | | | ity, 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

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

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

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

March 05, 2021

Bryan Richardson Richardson and Son , Inc. 17295 151ST RD WINFIELD, KS 67156-7524

Re: Temporary Abandonment API 15-035-21126-00-00 WALDSCHMIDT 1 NW/4 Sec.20-34S-06E Cowley County, Kansas

Dear Bryan Richardson:

- "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 03/05/2022.
- * 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 03/05/2022.

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

Very truly yours,

Duane Krueger"