KOLAR Document ID: 1567400

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Description:   |                                                   |                                                        |            |             |         |  |
| Address 1:                                                                                                            |                                                   |                     |           | -                   | Sec                                               | •                                                      |            |             |         |  |
| Address 2:                                                                                                            |                                                   |                     |           |                     |                                                   |                                                        |            | •           |         |  |
| City:                                                                                                                 | State:                                            | Zip:                | +         |                     |                                                   |                                                        |            |             | Section |  |
| Contact Person:                                                                                                       |                                                   |                     |           | - Datum:            | ion: Lat:                                         | (XXXX) WGS84                                           | (e.g.      | -xxx.xxxxx) |         |  |
| Phone:( )                                                                                                             |                                                   |                     |           |                     | County: Elevation: GL KE                          |                                                        |            |             |         |  |
|                                                                                                                       |                                                   |                     |           | Lease Name: Well #: |                                                   |                                                        |            |             |         |  |
|                                                                                                                       |                                                   |                     |           |                     | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |                                                        |            |             |         |  |
| Field Contact Person Phone: ( )                                                                                       |                                                   |                     |           |                     | SWD Permit #: ENHR Permit #:                      |                                                        |            |             |         |  |
|                                                                                                                       | ,                                                 |                     |           | —                   | orage Permit #:<br>:                              |                                                        | n:         |             |         |  |
|                                                                                                                       | Conductor                                         | Surface             |           | Production          | Intermediate                                      | Liner                                                  |            | Tubing      |         |  |
| Size                                                                                                                  | Conductor                                         | Curidoo             |           | Troduction          | momodiato                                         | Linoi                                                  |            | Tubing      |         |  |
| Setting Depth                                                                                                         |                                                   |                     |           |                     |                                                   |                                                        |            |             |         |  |
| Amount of Cement                                                                                                      |                                                   |                     |           |                     |                                                   |                                                        |            |             |         |  |
| Top of Cement                                                                                                         |                                                   |                     |           |                     |                                                   |                                                        |            |             |         |  |
| Bottom of Cement                                                                                                      |                                                   |                     |           |                     |                                                   |                                                        |            |             |         |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & G  Depth and Type:  Junk in  Type Completion:  ALT  Packer Type: | as Lease? Yes in Hole at (depth) ALT. II Depth of | No Tools in Hole at | (depth) W | Casing Leaks:       | Yes No Depr                                       | h of casing leak(s): _ Collar:                         |            |             |         |  |
| Total Depth:                                                                                                          |                                                   |                     |           |                     |                                                   |                                                        |            |             |         |  |
| iotal Deptil.                                                                                                         | Flug Bai                                          | ж Бериі.            |           | Flug back Meti      | iou                                               |                                                        |            |             |         |  |
| Geological Date:                                                                                                      |                                                   |                     |           |                     |                                                   |                                                        |            |             |         |  |
| Formation Name                                                                                                        | mation Name Formation Top Formation Base          |                     |           |                     | Completion Information                            |                                                        |            |             |         |  |
| 1                                                                                                                     | At:                                               | to                  | _ Feet Pe | erforation Interval | to F                                              | eet or Open Hole Ir                                    | nterval    | to          | Feet    |  |
| 2                                                                                                                     | At:                                               | to                  | _ Feet Pe | erforation Interval | to F                                              | eet or Open Hole Ir                                    | nterval    | to          | Feet    |  |
| INDED DENALTY OF BEE                                                                                                  | I IIIDV I UEDEDV ATTE                             | _                   |           | Electronical        |                                                   | OBBECT TO THE B                                        | EST OF MIV | IZNOMII EI  | DOE.    |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                                                                          | Date Tested:                                      | Date Tested: Resu   |           |                     | Date Plugged:                                     | Date Plugged: Date Repaired: Date Put Back in Service: |            | ice:        |         |  |
| Review Completed by:                                                                                                  |                                                   | Co                  | omments:  |                     |                                                   |                                                        |            |             |         |  |
| TA Approved: Yes                                                                                                      | Denied Date:                                      |                     |           |                     |                                                   |                                                        |            |             |         |  |
|                                                                                                                       |                                                   |                     |           |                     |                                                   |                                                        |            |             |         |  |

## Mail to the Appropriate KCC Conservation Office:

| Name have been now toke on and from boungs und was been been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
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| 1000 1000 1000 1000 1000 1000 1000 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 |
| Size State S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

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

April 06, 2021

Nick Gerstner Palomino Petroleum, Inc. 4924 SE 84TH ST NEWTON, KS 67114-8827

Re: Temporary Abandonment API 15-171-21241-00-00 ROCKING R FARMS 3 NE/4 Sec.16-20S-34W Scott County, Kansas

## Dear Nick Gerstner:

"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 04/06/2022.

- \* 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 04/06/2022.

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

Very truly yours,

Michael Maier"