KOLAR Document ID: 1571661

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

| ODEDATOR: License#                                                                                        |                     |                                                 |            | ADI No. 15                                                                       |                                                       |                      |                         |  |
|-----------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------|------------|----------------------------------------------------------------------------------|-------------------------------------------------------|----------------------|-------------------------|--|
| OPERATOR: License#                                                                                        |                     |                                                 |            | API No. 15-  Spot Description:                                                   |                                                       |                      |                         |  |
| Address 1:                                                                                                |                     |                                                 |            |                                                                                  | •                                                     |                      | R DE W                  |  |
|                                                                                                           |                     |                                                 |            |                                                                                  |                                                       |                      | I / S Line of Section   |  |
| Address 2:                                                                                                |                     |                                                 |            | feet from DE / DW Line of Section                                                |                                                       |                      |                         |  |
| Contact Person:                                                                                           |                     |                                                 |            | GPS Location: Lat:, Long:                                                        |                                                       |                      |                         |  |
| Phone:( )                                                                                                 |                     |                                                 |            | Datum:         NAD27         NAD83         WGS84           County:               |                                                       |                      |                         |  |
|                                                                                                           |                     |                                                 |            |                                                                                  | Ele                                                   |                      |                         |  |
|                                                                                                           |                     |                                                 |            |                                                                                  |                                                       |                      | Other:                  |  |
|                                                                                                           |                     |                                                 |            | SWD Permit #:         ■ ENHR Permit #:           Gas Storage Permit #:         ■ |                                                       |                      |                         |  |
|                                                                                                           |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
|                                                                                                           | Conductor           | Surface                                         | Pro        | oduction                                                                         | Intermediate                                          | Liner                | Tubing                  |  |
| Size                                                                                                      |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Setting Depth                                                                                             |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Amount of Cement                                                                                          |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Top of Cement                                                                                             |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Bottom of Cement                                                                                          |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Casing Fluid Level from Sur                                                                               | face:               | How Do                                          | atermined? | 1                                                                                |                                                       | r                    | Oato:                   |  |
| Casing Fluid Level from Surface:       How Determined?       Date:         Casing Squeeze(s):       to to |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| (top)                                                                                                     | (bottom)            |                                                 |            | (top)                                                                            | (bottom)                                              | danc or comoni. I    |                         |  |
| Do you have a valid Oil & G                                                                               | as Lease? Yes       | ] No                                            |            |                                                                                  |                                                       |                      |                         |  |
| Depth and Type:                                                                                           | n Hole at           | Tools in Hole at                                | Ca         | sing Leaks:                                                                      | Yes No Depth of                                       | casing leak(s):      |                         |  |
| Type Completion: ALT.                                                                                     |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Packer Type:                                                                                              |                     |                                                 |            |                                                                                  |                                                       | , , ,                |                         |  |
| Total Depth:                                                                                              | Plug Bac            | k Depth:                                        |            | Plug Back Meth                                                                   | od:                                                   |                      |                         |  |
| Geological Date:                                                                                          |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Formation Name                                                                                            | Formation -         | Ton Formation Base                              |            |                                                                                  | Completion Ir                                         | formation            |                         |  |
|                                                                                                           | ·                   |                                                 |            |                                                                                  | ration Interval to Feet or Open Hole Interval to Feet |                      |                         |  |
| 2                                                                                                         |                     |                                                 |            |                                                                                  | ration Interval to Feet or Open Hole Interval to Feet |                      |                         |  |
| Σ                                                                                                         | /nt                 | 10 1 66                                         | 1 6110     | nation interval                                                                  | 10                                                    | or open note interve | 101 661                 |  |
| IINDED DENALTY OF DED                                                                                     | IIIDV I UEDEDV ATTE | PT TUAT TUE INCODM                              | ATION CO   | NTAINED HEE                                                                      | EIN ICTUIE AND COD                                    | DECTTO THE DEST      | OE MV KNOW! EDGE        |  |
|                                                                                                           |                     | Submit                                          | ted Ele    | ctronicall                                                                       | V                                                     |                      |                         |  |
|                                                                                                           |                     |                                                 |            |                                                                                  | ,                                                     |                      |                         |  |
|                                                                                                           |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Do NOT Write in This Date Tested: Results:                                                                |                     |                                                 |            |                                                                                  | Date Plugged:                                         | Date Repaired: Date  | te Put Back in Service: |  |
| Space - KCC USE ONLY                                                                                      |                     |                                                 |            |                                                                                  |                                                       |                      |                         |  |
| Review Completed by:                                                                                      |                     |                                                 | Comr       | nents:                                                                           |                                                       |                      |                         |  |
| TA Approved: Yes                                                                                          | Denied Date:        |                                                 |            |                                                                                  |                                                       |                      |                         |  |
|                                                                                                           |                     | Mail to the App                                 | oropriate  | KCC Conserv                                                                      | vation Office:                                        |                      |                         |  |
| Depart State State State State State State State State State                                              | KCC Distri          | KCC District Office #1 - 210 E. Frontview, Suit |            |                                                                                  |                                                       | Phone 620.682.7933   |                         |  |
|                                                                                                           | KCC Distri          | KCC District Office #2 - 3450 N. Rock Road,     |            |                                                                                  | Suite 601, Wichita. KS 67                             | 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. 3 137 E. 21st Street Chanute, KS 66720



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

Laura Kelly, Governor

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

May 12, 2021

Rod Dickens R. D. Energy, Inc. 905 N MONTGOMERY SEDAN, KS 67361-1056

Re: Temporary Abandonment API 15-019-21871-00-00 MORDY 3 SW/4 Sec.27-33S-11E Chautaugua County, Kansas

## Dear Rod Dickens:

"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 05/12/2022.

- \* 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 05/12/2022.

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

Very truly yours,

Thad Triboulet ECRS"