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:  |   |   |  |  | ption:  |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
| Address 1:   |   |   |  |  | Sec   | Twp                           | S. R                        | EW                             |  |                       |  |  |  |   |  |  |  |  |
| Address 2:   |   |   |  |  |   |                               | = :                         | S Line of Section              |  |                       |  |  |  |   |  |  |  |  |
| City:        State:        Contact Person:        Phone:   |   |   |  |  |   |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
|  |   |   |  |  |   |                               |                             |                                |  | Contact Person Email: |  |  |  |   |  |  |  |  |
|  |   |   |  |  |   |                               |                             |                                |  | Field Contact Person: |  |  |  | Well Type: (check one)  Oil Gas OG WSW Other: |  |  |  |  |
| Field Contact Person Phone: ( )  |   |   |  |  |   |                               | IR Permit #:                |                                |  |                       |  |  |  |   |  |  |  |  |
|  |   |   |  | _  | rage Permit #:  |                               | -In:                        |                                |  |                       |  |  |  |   |  |  |  |  |
|  |   |   |  |  |   |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
|  | Conductor   | Surface   | Pro  | duction  | Intermediate  | Liner                         | •                           | Tubing                         |  |                       |  |  |  |   |  |  |  |  |
| Size   |   |   |  |  |   |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
| Setting Depth  |   |   |  |  |   |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
| Amount of Cement   |   |   |  |  |   |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
| Top of Cement  |   |   |  |  |   |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
| Bottom of Cement   |   |   |  |  |   |                               |                             |                                |  |                       |  |  |  |   |  |  |  |  |
| Casing Squeeze(s):   | to w /  | sacks of cer  |  | (top) to   | (bottom) W /  | sacks of cen                  | ment. Date:                 |                                |  |                       |  |  |  |   |  |  |  |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type:  Type Completion:  Packer Type:  Cotal Depth:  Geological Date:  Formation Name   | to w / w / w / ws Lease?                                    | sacks of cer No No Tools in Hole at   | ment,<br>h) Car<br>w / _<br>Inch<br>Perfor | sing Leaks: sacks Set at: Plug Back Meth ration Interval _                                 | Yes No Depth s of cement Port (  Fee  od:  Completion to Fee  | n of casing leak(s):  Collar: | w /<br>Interval             | sack of cement to Feet to Feet |  |                       |  |  |  |   |  |  |  |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type:  Type Completion:  Cacker Type:  Cotal Depth:  Cormation Name  Cotal Date:  Cormation Name  | to w / w / w / ws Lease?                                    | sacks of ceres sacks | Can w / _ Inch Perfor                      | sing Leaks: sacks Set at: Plug Back Meth ration Interval _                                 | Yes No Depth s of cement Port 0  Fee  Completion to Fee  to Fee   | n of casing leak(s):  Collar: | w /<br>Interval             | sack of cement to Feet to Feet |  |                       |  |  |  |   |  |  |  |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type:  Type Completion:  Cacker Type:  Cotal Depth:  Cormation Name  Cotal Date:  Cormation Name  | to w / w / w / ws Lease?                                    | sacks of ceres sacks | Can w / _ Inch Perfor                      | sing Leaks: sacks sacks Set at: Plug Back Meth ration Interval ration Interval             | Yes No Depth s of cement Port 0  Fee  Completion to Fee  to Fee   | n of casing leak(s):  Collar: | w /<br>Interval<br>Interval | sack of cement to Feet to Feet |  |                       |  |  |  |   |  |  |  |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type:  Junk in  Type Completion:  Cacker Type:  Cotal Depth:  Geological Date:  Formation Name  Cacker Type:  Cacker Type:  Cotal Depth:  Cotal D | tow /w / | sacks of ceres sacks | Performents:                               | sing Leaks: sacks sacks Set at: Plug Back Meth ration Interval ration Interval             | Yes No Depth s of cement Port of Port | n of casing leak(s):  Collar: | w /<br>Interval<br>Interval | to Feet to Feet                |  |                       |  |  |  |   |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   | tow /w / | sacks of ceres sacks | Performents:                               | sing Leaks: sacks Set at: sacks Plug Back Meth ration Interval ration Interval ctronically | Yes No Depth s of cement Port of Port | n of casing leak(s):  Collar: | w /<br>Interval<br>Interval | to Feet to Feet                |  |                       |  |  |  |   |  |  |  |  |

| No.   No. | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, 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                            | Phone 620.902.6450 |
|   | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

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

July 13, 2021

R. A. (Dick) Schremmer Bear Petroleum, LLC P.O. Box 438 HAYSVILLE, KS 67060-0438

Re: Temporary Abandonment API 15-159-30312-00-01 BLACKHALL 3 SE/4 Sec.05-21S-08W Rice County, Kansas

## Dear R. A. (Dick) Schremmer:

"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 07/13/2022.

- \* 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 07/13/2022.

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

Very truly yours,

Virgil Clothier"