Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

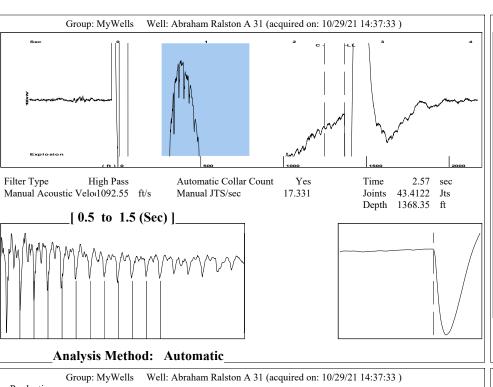
Phone 620.902.6450

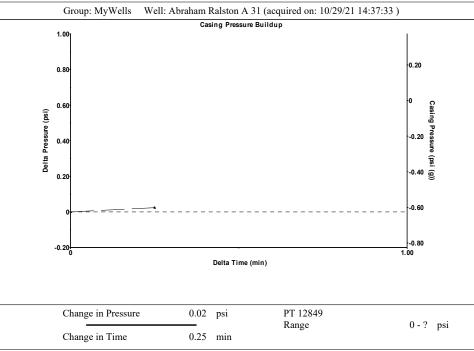
Phone 785.261.6250

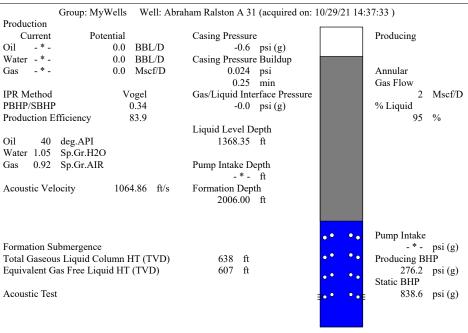
| OPERATOR: License#  |                     |  |              | API No. 15-                     |   |                      |                        |      |           |         |    |            |              |               |        |
|---|---------------------|--|--------------|---------------------------------|---|----------------------|------------------------|------|-----------|---------|----|------------|--------------|---------------|--------|
| Name:   |                     |  |              | Spot Description:               |   |                      |                        |      |           |         |    |            |              |               |        |
| Address 1:  |                     |  |              | Sec Twp S. R EW                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Address 2:  |                     |  |              |                                 |   | feet from N          | / S Line of Section    |      |           |         |    |            |              |               |        |
| City:   |                     |  |              | feet from E / W Line of Section |   |                      |                        |      |           |         |    |            |              |               |        |
| Contact Person:   |                     |  |              | GPS Location: Lat:              |   |                      |                        |      |           |         |    |            |              |               |        |
| Phone:( )   |                     |  |              |                                 | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB |                      |                        |      |           |         |    |            |              |               |        |
| Contact Person Email:  Field Contact Person:  Field Contact Person Phone: ( ) |                     |  |              | Lease Name:                     |   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     |  |              |                                 |   |                      |                        |      |           |         |    | Spud Date: |              | Date Shut-In: |        |
|   |                     |  |              |                                 |   |                      |                        |      | Conductor | Surface | Pr | oduction   | Intermediate | Liner         | Tubing |
|   |                     |  |              |                                 |   |                      |                        | Size |           |         |    |            |              |               |        |
| Setting Depth   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Amount of Cement  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Top of Cement   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Bottom of Cement  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Cooing Fluid Lovel from Su  | rfo.co              | Цо   | w Dotorminod | <b>)</b>                        |   | r                    | Data                   |      |           |         |    |            |              |               |        |
| Casing Fluid Level from Surface:       How Determined?       Date:            |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| (top)   | ) (bottom)          | 38003  | or cement, _ | (top)                           | (bottom)  | sacks of cernent. I  | Date                   |      |           |         |    |            |              |               |        |
| Do you have a valid Oil & G   | Sas Lease? Yes      | No   |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Depth and Type:   | in Hole at          | Tools in Hole at _                             | Ca           | asing Leaks:                    | Yes No Depth o  | f casing leak(s):    |                        |      |           |         |    |            |              |               |        |
| Type Completion: ALT  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Packer Type:  |                     |  |              |                                 |   | (dopul)              |                        |      |           |         |    |            |              |               |        |
| Total Depth:  | Plug Ba             | ck Depth:                                      |              | Plug Back Meth                  | od:   |                      |                        |      |           |         |    |            |              |               |        |
| Geological Date:  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Formation Name  | Formation           | Top Formation Bas                              | se           |                                 | Completion Ir   | nformation           |                        |      |           |         |    |            |              |               |        |
|   | •                   |  |              |                                 | pration Interval to Feet or Open Hole Interval to Feet  |                      |                        |      |           |         |    |            |              |               |        |
| 2   | At·                 |  |              |                                 |   |                      | altoFeet               |      |           |         |    |            |              |               |        |
|   | 710                 |  | 1000         | ration into var                 |   | or open note into ve |                        |      |           |         |    |            |              |               |        |
| IINDED DENALTY OF DEE   | IIIDV I LEDEDV ATTI | EST TUAT TUE INCO                              | DMATION CO   | NITAINED HEE                    | EIN IS TOLIE AND COD  | DECT TO THE DECT     | OE MV KNOW! EDGE       |      |           |         |    |            |              |               |        |
|   |                     | Subr   | nitted Ele   | ctronicall                      | y   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Do NOT Write in This Date Tested: Results:                                    |                     |  |              |                                 | Date Plugged:   | Date Repaired: Dat   | e Put Back in Service: |      |           |         |    |            |              |               |        |
| Space - KCC USE ONLY  |                     | _  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Review Completed by: Comments:  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| TA Approved: Yes  | Denied Date:        |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     | Mail to the                                    | Appropriate  | KCC Conserv                     | vation Office:  |                      |                        |      |           |         |    |            |              |               |        |
| Physic bads gaps and the color hads   | KCC Dist            | KCC District Office #1 - 210 E. Frontview, Sui |              |                                 |   |                      | Phone 620.682.7933     |      |           |         |    |            |              |               |        |
|   | ===                 | KCC District Office #2 - 3450 N. Rock Road,    |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
|   | TOO DIST            | 1100 mz - 0400                                 |              | , building ood, i               | Jano Gor, Wildina, NO G   |                      | 1 110110 010.001.1700  |      |           |         |    |            |              |               |        |

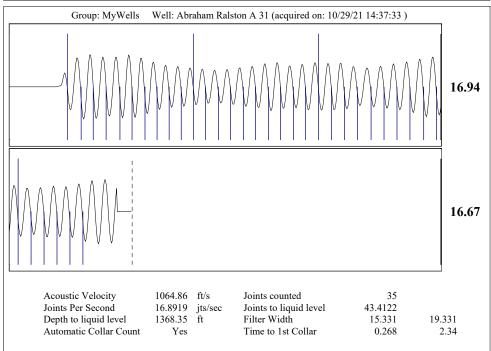
KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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

November 22, 2021

Casey Coats Vess Oil Corporation 1700 WATERFRONT PKWY BLDG 500 WICHITA, KS 67206-6619

Re: Temporary Abandonment API 15-015-23243-00-00 ABRAHAM RALSTON 31 SW/4 Sec.01-26S-04E Butler County, Kansas

## **Dear Casey Coats:**

"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 11/22/2022.

- \* 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 11/22/2022.

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

Very truly yours,

Neal Rupp ECRS"