KOLAR Document ID: 1621102

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## TEMPORARY ABANDONMENT WELL APPLICATION

| July 2017                  |
|----------------------------|
| Form must be Typed         |
| Form must be signed        |
| II blanks must be complete |
|                            |
|                            |
|                            |
|                            |
|                            |

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License# Name:   |             |  |                     |          | API No. 15 Spot Description: |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
|--|-------------|--|---------------------|----------|------------------------------|----------------------|----------------------|---------------------------|---|--|--|-----------|-----------------------|--|--|--|--|
|  |             |  |                     |          |                              |                      |                      |                           | Sec Twp S. R E _ W  |  |  |           |                       |  |  |  |  |
|  |             |  |                     |          | Address 2:                   |                      |                      |                           |   |  |  | feet from | N / S Line of Section |  |  |  |  |
| City: State: Zip: +           Contact Person:  |             |  |                     |          | GPS Location: Lat:           |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
|  |             |  |                     |          |                              |                      |                      |                           | Phone:()  |  |  |           |                       | County: Elevation: GL  |  |  |  |
|  |             |  |                     |          |                              |                      |                      |                           | Contact Person Email:  Field Contact Person:  Field Contact Person Phone: ( ) |  |  |           |                       | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #:  Date Shut-In: |  |  |  |
|  | Cond        | uctor  | Surface             | Pr       | oduction                     | Intermediate         | Liner                | Tubing                    |   |  |  |           |                       |  |  |  |  |
| Size   |             |  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| Setting Depth  |             |  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| Amount of Cement   |             |  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| Top of Cement  |             |  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| Bottom of Cement   |             |  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| Casing Fluid Level from Sur  | face:       |  | How De              | termined | >                            |                      |                      | Date:                     |   |  |  |           |                       |  |  |  |  |
| · ·  |             |  |                     |          |                              |                      |                      | . Date:                   |   |  |  |           |                       |  |  |  |  |
| (top)  | (b          | ottom)   |                     |          | (top)                        | (bottom)             |                      |                           |   |  |  |           |                       |  |  |  |  |
| Do you have a valid Oil & Ga   | as Lease?   | Yes  | No                  |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| Depth and Type:  | n Hole at _ |  | Tools in Hole at    | Ca       | asing Leaks:                 | Yes No Depth o       | of casing leak(s):   |                           |   |  |  |           |                       |  |  |  |  |
|  |             |  |                     |          |                              |                      |                      | v / sack of cement        |   |  |  |           |                       |  |  |  |  |
| Packer Type:   |             |  |                     |          |                              |                      | (dopul)              |                           |   |  |  |           |                       |  |  |  |  |
| Total Depth:   |             | Plug Ba  | ck Depth:           |          | Plug Back Meth               | od:                  |                      |                           |   |  |  |           |                       |  |  |  |  |
| Geological Date:   |             |  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| · ·  |             | Commention.  | Ton Formation Dage  |          |                              | Completion           |                      |                           |   |  |  |           |                       |  |  |  |  |
| Formation Name   |             |  | Top Formation Base  |          |                              | Completion I         |                      |                           |   |  |  |           |                       |  |  |  |  |
| 1  |             |  | to Feet             |          |                              |                      |                      | rval toFeet               |   |  |  |           |                       |  |  |  |  |
| 2  |             | At:  | to Feet             | t Perfo  | oration Interval             | to Fee               | t or Open Hole Inter | rval toFeet               |   |  |  |           |                       |  |  |  |  |
| IINDED DENALTY OF DED  | швутце      | DEDV ATTE  | CETTUAT THE INCORMA | ATION CO | NITAINED HEE                 | EIN IS TOLIE AND COL | DECTTO THE BEC       | T OF MV KNOW! EDGE        |   |  |  |           |                       |  |  |  |  |
|  |             |  | Submitt             | ed Ele   | ectronicall                  | V                    |                      |                           |   |  |  |           |                       |  |  |  |  |
|  |             |  |                     |          |                              | ,                    |                      |                           |   |  |  |           |                       |  |  |  |  |
| Do NOT Write in This   | Da          | ate Tested:  | R                   | esults:  |                              | Date Plugged:        | Date Repaired: [     | Date Put Back in Service: |   |  |  |           |                       |  |  |  |  |
| Space - KCC USE ONLY   |             |  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| Review Completed by:   |             |  |                     | Comi     | ments:                       |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
| TA Approved: Yes   | Denied      | Date:  |                     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
|  |             |  | Mail to the Arm     | ropriete | VCC Camara                   | ration Office:       |                      |                           |   |  |  |           |                       |  |  |  |  |
|  |             | 1406 =:  | Mail to the App     |          |                              |                      |                      |                           |   |  |  |           |                       |  |  |  |  |
|  | 三           |  |                     |          |                              |                      | Phone 620.682.7933   |                           |   |  |  |           |                       |  |  |  |  |
| Nation loops done boys to bound the loops to be the loops to b |             | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 |                     |          |                              |                      | 7226                 | 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. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

Laura Kelly, Governor

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

February 24, 2022

Zafar Ullah Atlas Operating LLC 1900 Saint James Place, Suite 800 HOUSTON, TX 77056

Re: Temporary Abandonment API 15-055-22143-00-01 Garden City 24-19 NW/4 Sec.19-22S-33W Finney County, Kansas

## Dear Zafar Ullah:

- "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 02/24/2023.
- \* 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 02/24/2023.

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

Very truly yours,

Michael Maier"