KOLAR Document ID: 1635876

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#                                     |                     |                                                                                        |              | API No. 15                                                                                                                                                                                                                                            |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
|--------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|----------------------|---------------------------------|--|--|--|------------------------------|--|-----------------|-----------------------|
|                                                        |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      | Address 2:                      |  |  |  |                              |  | feet from       | N / S Line of Section |
|                                                        |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 | E / W Line of Section |
| City:                                                  |                     |                                                                                        |              | GPS Location: Lat:    (e.g. xx.xxxxx)    , Long:    (e.gxxx.xxxxx)      Datum:    NAD27    NAD83    WGS84      County:    Elevation:    GL    KB      Lease Name:    Well #:    Well #:      Well Type:    (check one)    Oil Gas OG    WSW    Other: |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
|                                                        |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      | Field Contact Person:           |  |  |  | SWD Permit #: ENHR Permit #: |  |                 |                       |
|                                                        |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      | Field Contact Person Phone: ( ) |  |  |  | Gas Storage Permit #:        |  |                 |                       |
|                                                        |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  | Spud Date:                   |  | Date Shut-In: _ |                       |
|                                                        | Conductor           | Surface                                                                                | Pro          | duction                                                                                                                                                                                                                                               | Intermediate           | Liner                   | Tubing               |                                 |  |  |  |                              |  |                 |                       |
| Size                                                   |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Setting Depth                                          |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Amount of Cement                                       |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Top of Cement                                          |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Bottom of Cement                                       |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Casing Fluid Level from Surfa                          | ace.                | How                                                                                    | Determined?  |                                                                                                                                                                                                                                                       |                        |                         | Date:                |                                 |  |  |  |                              |  |                 |                       |
| Casing Squeeze(s):                                     |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Do you have a valid Oil & Ga                           | ıs Lease? ☐ Yes ☐   | No                                                                                     |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| •                                                      |                     |                                                                                        | 0-           | -i1I                                                                                                                                                                                                                                                  | ]v                     |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Depth and Type:                                        |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Type Completion: ALT. I                                | I ALT. II Depth of  | f: DV Tool:                                                                            | oth) W / _   | sacks                                                                                                                                                                                                                                                 | s of cement Po         | rt Collar: w            | // sack of cement    |                                 |  |  |  |                              |  |                 |                       |
| Packer Type:                                           | Size:               |                                                                                        | Inch         | Set at:                                                                                                                                                                                                                                               | F                      | eet                     |                      |                                 |  |  |  |                              |  |                 |                       |
| Total Depth:                                           | Plug Bad            | Plug Back Depth: F                                                                     |              |                                                                                                                                                                                                                                                       | od:                    |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Geological Date:                                       |                     |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Formation Name                                         | Formation           | Formation Top Formation Base                                                           |              |                                                                                                                                                                                                                                                       | Completion Information |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| 1                                                      | At:                 | to Fe                                                                                  | eet Perfo    | ration Interval <sub>-</sub>                                                                                                                                                                                                                          | to                     | Feet or Open Hole Inter | val toFeet           |                                 |  |  |  |                              |  |                 |                       |
| 2                                                      | At:                 | to Fe                                                                                  | eet Perfo    | ration Interval -                                                                                                                                                                                                                                     | to                     | Feet or Open Hole Inter | val toFeet           |                                 |  |  |  |                              |  |                 |                       |
| IINDED BENALTY OF BED                                  | IIIDV I UEDEDV ATTE |                                                                                        |              | ctronically                                                                                                                                                                                                                                           |                        | COBBECT TO THE BEC      | T OE MV IZMOMII EDGE |                                 |  |  |  |                              |  |                 |                       |
| Do NOT Write in This<br>Space - KCC USE ONLY           | Date Tested:        | Results:                                                                               |              | Pate Put Back in Service:                                                                                                                                                                                                                             |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| Review Completed by:                                   |                     |                                                                                        | Comm         | nents:                                                                                                                                                                                                                                                |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| TA Approved: Yes                                       | Denied Date:        |                                                                                        |              |                                                                                                                                                                                                                                                       |                        |                         |                      |                                 |  |  |  |                              |  |                 |                       |
|                                                        |                     | Mail to the A                                                                          | ppropriate l | CC Conserv                                                                                                                                                                                                                                            | ration Office:         |                         |                      |                                 |  |  |  |                              |  |                 |                       |
| State State State State State State State State States | KCC Distr           | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               |              |                                                                                                                                                                                                                                                       |                        |                         | Phone 620.682.7933   |                                 |  |  |  |                              |  |                 |                       |
|                                                        | VCC Dietr           | 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

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

March 24, 2022

Tripp Markwell ELM III Operating Company LLC 1249 E. 33RD ST EDMOND, OK 73013-6307

Re: Temporary Abandonment API 15-175-21709-00-01 PRINTZ SWD 2-10 NE/4 Sec.10-32S-33W Seward County, Kansas

## Dear Tripp Markwell:

"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 03/24/2023.

- \* 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 03/24/2023.

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

Very truly yours,

Michael Maier"