July 2017

TEMPORARY ABANDONMENT WELL APPLICATION

Form must be Typed	
Form must be signed	
II blanks must be complete	

Phone 620.902.6450

Phone 785.261.6250

				I											
OPERATOR: License#				API No. 15											
Name:				Spot Description:											
Address 1:							R								
Address 2:				1			I / S Line of Section								
City: State: Zip: + Contact Person: Phone: ()															
								Contact Person Email:				Lease Nan	ne:	We	II #:
								Field Contact Person:				Well Type: (check one) Oil Gas OG WSW Other:			
Field Contact Person Phone	e:()_						mit #:								
,				Gas Storage Permit #: Date Shut-In:											
				Spud Date		Date Shut-in									
	Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing								
Size															
Setting Depth															
Amount of Cement															
Top of Cement															
Bottom of Cement															
Casing Fluid Level from Su	rface:	How D	etermined?				Date:								
Casing Squeeze(s):															
		_		(top)	(bottom)										
Do you have a valid Oil & G		_													
Depth and Type:	in Hole at	Tools in Hole at	Ca	sing Leaks:	Yes No Depth of	f casing leak(s):									
Type Completion: ALT															
Packer Type:						(depth)									
Total Depth:	Plug Bad	ck Denth:		Plug Back Meth	ood:										
	ug 2	<u></u>													
Geological Date:															
Formation Name	Formation	Top Formation Base			Completion I	nformation									
1	At:	to Fee	et Perfo	ration Interval	to Fee	t or Open Hole Interv	al toFeet								
2	At:	to Fee	et Perfo	ration Interval	to Fee	t or Open Hole Interv	al toFeet								
LINDED DENALTY OF DE	O ILIDV I HEDEDV ATTE	CT TUAT TUE INCODM	IATION CO	NTAINED HE	DEIN IS TOLIE AND COL		OE MV KNOW! EDGE								
		Submit	ted Ele	ctronical	У										
Do NOT Write in This	Date Tested:		Results:		Date Plugged:	Date Repaired: Da	te Put Back in Service:								
Space - KCC USE ONLY			results.		Date i lugged.	Date Repaired. Da	te i ut back in dervice.								
•															
Review Completed by:			Comr	nents:											
TA Approved: Yes	Denied Date:														
		Mail to the Ap	propriate	KCC Conser	vation Office:										
Strains Spine Street State State State and Spines w	KCC Distr	ict Office #1 - 210 E. Fro	ontview, Su	ite A, Dodge C	ity, KS 67801		Phone 620.682.7933								
					Suite 601, Wichita, KS 6	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

May 10, 2022

Amanda Lair BCE-Mach LLC 14201 WIRELESS WAY, SUITE 300 OKLAHOMA CITY, OK 73134-2521

Re: Temporary Abandonment API 15-007-24228-01-00 BILL 22-34-10 1H SW/4 Sec.27-34S-10W Barber County, Kansas

Dear Amanda Lair:

"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 05/10/2023.

- * 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 05/10/2023.

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

Very truly yours,

Michael Maier"