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:   |                        |                    |          | Spot Description:  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Address 1:  |                        |                    |          |  |                              | Twp S. R                  |                |           |  |  |           |         |     |          |              |               |        |       |
| Address 2:  |                        |                    |          |  |                              | feet from N /             |                |           |  |  |           |         |     |          |              |               |        |       |
| City:   |                        |                    |          | GPS Location: Lat:, feet from E / W Line of Section, Long: |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Contact Person:   |                        |                    |          | Datum:   | (e.g. xx.xxxx<br>NAD27 NAD83 | x)<br>] WGS84             | (e.gxxx.xxxxx) |           |  |  |           |         |     |          |              |               |        |       |
| Phone:( )   |                        |                    |          | County: Elevation: GL KB                                   |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
|   |                        |                    |          | Lease Name:  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
|   |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          | · ·          | Date Shut-In: |        |       |
|   |                        |                    |          |  |                              |                           |                |           |  |  | Conductor | Surface | Pro | oduction | Intermediate | Liner         | Tubing | <br>J |
| Size  |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Setting Depth   |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Amount of Cement  |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Top of Cement   |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Bottom of Cement  |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Casing Fluid Level from Sur                             |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Casing Squeeze(s):                                      | to w /                 | Sacks of ce        | e.ii.,   | (top)  | (bottom)                     | Sacks of Cernetic. Date   |                |           |  |  |           |         |     |          |              |               |        |       |
| Do you have a valid Oil & G                             | as Lease?              | No                 |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Depth and Type:   | n Hole at              | Tools in Hole at   | Ca       | sing Leaks:  | Yes No Depth of              | of casing leak(s):        |                |           |  |  |           |         |     |          |              |               |        |       |
| Type Completion: ALT.                                   |                        |                    |          |  |                              |                           |                | of cement |  |  |           |         |     |          |              |               |        |       |
| Packer Type:  |                        |                    |          |  |                              | (depth)                   |                |           |  |  |           |         |     |          |              |               |        |       |
| Total Depth:  | Plug Bac               | k Depth:           |          | Plug Back Meth   | od:                          |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Geological Date:  |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Formation Name  | Formation <sup>-</sup> | Top Formation Base |          |  | Completion I                 | nformation                |                |           |  |  |           |         |     |          |              |               |        |       |
| 1   | At:                    | to Feet            | Perfo    | ration Interval  | to Fee                       | t or Open Hole Interval _ | to             | Feet      |  |  |           |         |     |          |              |               |        |       |
| 2   |                        | to Feet            |          |  |                              | t or Open Hole Interval _ |                | Feet      |  |  |           |         |     |          |              |               |        |       |
|   |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| INDED DENALTY OF DED                                    | IIIBV I LIEBEBV ATTE   |                    |          |  |                              | DECTTO THE DEST OF        | MA NIOWI E     | :DCE      |  |  |           |         |     |          |              |               |        |       |
|   |                        | Submitt            | ed Ele   | ctronicall   | у                            |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| Do NOT Write in This Date Tested:  Space - KCC USE ONLY |                        | R                  | Results: |  | Date Plugged:                | Date Repaired: Date P     | ut Back in Ser | /ice:     |  |  |           |         |     |          |              |               |        |       |
| Review Completed by:                                    |                        |                    | Comn     | nents:   |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
| TA Approved: Yes  |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
|   |                        |                    |          |  |                              |                           |                |           |  |  |           |         |     |          |              |               |        |       |
|   |                        | Mail to the Ann    | ronriato | KCC Conserv  | ration Office:               |                           |                |           |  |  |           |         |     |          |              |               |        |       |

|  |  | i e                |
|--|--|--------------------|
| Name take how two too too and fact many wind over the form   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The control of the co | 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

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

June 20, 2022

Steve Howard Redtail Investments LLC 8045 SW 36TH ST. OKLAHOMA CITY, OK 73179-3812

Re: Temporary Abandonment API 15-035-27678-00-00 REDTAIL 1 NW/4 Sec.07-33S-06E Cowley County, Kansas

## Dear Steve Howard:

- "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 06/20/2023.
- \* 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 06/20/2023.

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

Very truly yours,

**DUANE KRUEGER"**