Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____

Address 1:

Address 2:

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth: ___

Geological Date: **Formation Name**

Phone:(_____) ___

Contact Person Email: ___

Field Contact Person: ____

Field Contact Person Phone: (_____) ____

Casing Fluid Level from Surface:____

Do you have a valid Oil & Gas Lease? Yes No

Conductor

__ Size: ___

Plug Back Depth: ___

Formation Top Formation Base

Surface

All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section _____ feet from ___ E / ___W Line of Section _____ State: ____ Zip: ____ + _ _ _ _ _ Datum: NAD27 NAD83 WGS84 ____ GL KB _____ Elevation:____ Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Spud Date: ___ ___ Date Shut-In: __ Tubing Production Intermediate Liner ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at ______ Tools in Hole at _____ Casing Leaks:
Yes No Depth of casing leak(s): _____

Type Completion:
ALT. I Depth of:
DV Tool: _____ w / ____ sacks of cement
Port Collar: ____ w / ____ sack of cement __ Inch Set at: ___ ___ Plug Back Method: ___ Completion Information At: _____ to ____ Feet Perforation Interval ____ ___to_____ Feet or Open Hole Interval_____ to _____ Feet

Submitted Electronically

HINDED DENALTY OF DED HIDV I HEDEDY ATTECT THAT THE INFORMATION CONTAINED HEDEIN ICTDIFF AND CODDECT TO THE DECT OF MY VNIOW! EDGE

At: ______ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____

| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Results: | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|---|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by: | | Comments: | | | |
| TA Approved: Yes D | enied Date: | | | | |

Mail to the Appropriate KCC Conservation Office:



Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Laura Kelly, Governor

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

August 26, 2022

Bob Sigl Rock Petroleum LLC PO BOX 22 CANEY, KS 67333-0022

Re: Temporary Abandonment API 15-125-01211-00-00 RIPLEY 5 NE/4 Sec.16-34S-15E Montgomery County, Kansas

Dear Bob Sigl:

- "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 08/26/2023.
- * 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 08/26/2023.

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

Very truly yours,

Levi Burnett ECRS"