July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

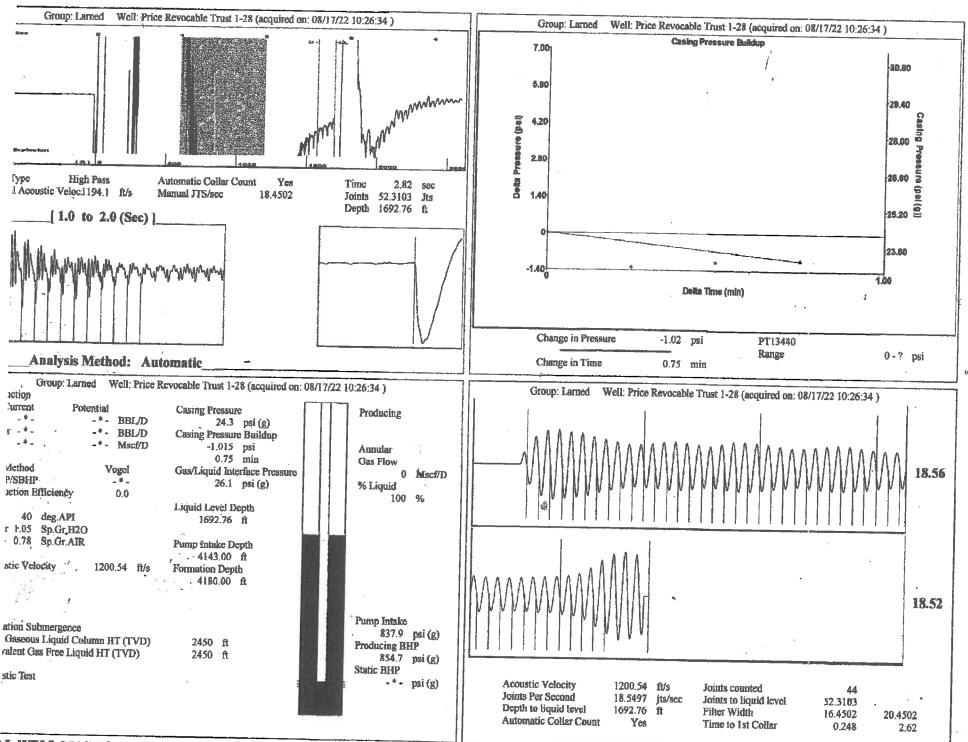
Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                    |   |               | AP           | l No. 15-  |               |                   |                                  |               |           |
|--|--------------------|---|---------------|--------------|--|---------------|-------------------|----------------------------------|---------------|-----------|
| Name:  |                    |   |               |              | Spot Description:  |               |                   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
|  |                    |   |               |              |  |               | feet fro          |                                  |               | f Section |
| City:  |                    |   |               |              | GPS Location: Lat:, Long:  |               |                   |                                  |               |           |
| Contact Person:  |                    |   |               |              | Datum:    NAD27    NAD83    WGS84      County:    Elevation:    GL    KB |               |                   |                                  |               |           |
| Phone:( )  |                    |   |               |              | -  |               |                   |                                  |               |           |
| Contact Person Email:  |                    |   |               |              | Lease Name:  |               |                   |                                  |               |           |
| Field Contact Person:  |                    |   |               |              |  |               |                   |                                  |               |           |
| Field Contact Person Phone: ( )  |                    |   |               |              | Gas Storage Permit #:  |               |                   |                                  |               |           |
|  |                    |   |               |              |  | -             | Date Sh           | nut-In:                          |               |           |
|  | Conductor          | Surfa                                       | ce            | Production   | n  | Intermediate  | e Lir             | ner                              | Tubing        | ı         |
| Size   |                    |   |               |              |  |               |                   |                                  |               |           |
| Setting Depth  |                    |   |               |              |  |               |                   |                                  |               |           |
| Amount of Cement   |                    |   |               |              |  |               |                   |                                  |               |           |
| Top of Cement  |                    |   |               |              |  |               |                   |                                  |               |           |
| Bottom of Cement   |                    |   |               |              |  |               |                   |                                  |               |           |
| Casing Fluid Level from Surf   | face:              |   | _ How Deter   | rmined?      |  |               |                   | Da                               | ıte:          |           |
| Casing Squeeze(s):   | to w               | /   | sacks of ceme | ent,         | to   | w /           | sacks of o        | cement. Da                       | nte:          |           |
| Do you have a valid Oil & Ga   |                    |   |               | (***)        | `  | ,             |                   |                                  |               |           |
| •  |                    |   |               |              |  | lv 🗆 v 🏊      |                   |                                  |               |           |
| Depth and Type:  |                    |   |               |              |  |               |                   |                                  |               |           |
| Type Completion: ALT.  | I ALT. II Depth    | of: DV Too                                  | l:<br>(depth) | w/           | sacks  | of cement P   | ort Collar:       | w / _                            | sack o        | of cement |
| Packer Type: Size: Inch  |                    |   |               |              | Set at: Feet   |               |                   |                                  |               |           |
| Total Depth:   | Plug Back Depth:   |   |               | Plug Ba      | Plug Back Method:  |               |                   |                                  |               |           |
| Geological Date:   |                    |   |               |              |  |               |                   |                                  |               |           |
| Formation Name Formation Top Formation Base                              |                    |   |               |              |  | Comple        | etion Information |                                  |               |           |
| 1  | At:                | At: to Feet                                 |               | •            |  |               |                   | eet or Open Hole Interval toFeet |               |           |
| 2  |                    | to  |               |              |  |               | Feet or Open Ho   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
| IINDED BENALTY OF BED  | IIIDV I UEDEDV ATT |   |               |              |  |               | COBBECTTOTH       | IE BEST A                        | E MV IZNOMI E | -DCE      |
|  |                    | 5   | Submitte      | d Electro    | nically  | /             |                   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
| Do NOT Write in This Date Tested: Results:                               |                    |   |               | ults:        | Date Plugged: Date Repaired: Date Put Back in Service:                   |               |                   |                                  |               |           |
| Space - KCC USE ONLY   |                    |   |               |              |  |               |                   |                                  |               |           |
| Review Completed by:   |                    |   |               | _ Comments:  |  |               |                   |                                  |               |           |
| TA Approved: Yes   | Denied Date:       |   |               |              |  |               |                   |                                  |               |           |
|  |                    | Mail t                                      | o the Appro   | priate KCC ( | Conserv  | ation Office: |                   |                                  |               |           |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |                    |   |               |              |  |               |                   |                                  | Phone 620.68  | 2.7933    |
| 1 1 1 1 1 1 1 1  |                    | KCC District Office #2 - 3450 N. Rock Road, |               |              |  |               |                   |                                  |               | 37.7400   |

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

September 22, 2022

Loveness Mpanje F. G. Holl Company L.L.C. 9431 E CENTRAL STE 100 WICHITA, KS 67206-2563

Re: Temporary Abandonment API 15-145-21660-00-02 PRICE REVOCABLE TRUST 1-28 NE/4 Sec.28-20S-19W Pawnee County, Kansas

## Dear Loveness Mpanje:

"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 09/22/2023.

- \* 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 09/22/2023.

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

Very truly yours,

Michael Maier"