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#   |                        |   |               | API No. 15-  |                          |                       |                         |  |           |         |       |            |              |               |        |
|--|------------------------|---|---------------|--|--------------------------|-----------------------|-------------------------|--|-----------|---------|-------|------------|--------------|---------------|--------|
| Name:  |                        |   |               | Spot Description:  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Address 1:   |                        |   |               | Sec Twp S. R E _ W   |                          |                       |                         |  |           |         |       |            |              |               |        |
| Address 2:   |                        |   |               |  |                          | feet from N           | I / S Line of Section   |  |           |         |       |            |              |               |        |
| City:  |                        |   |               | GPS Location: Lat:   |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         | GL KB |            |              |               |        |
|  |                        |   |               |  | e:                       |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #:  Spud Date:  Date Shut-In: |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       | Spud Date: |              | Date Shut-In: |        |
|  |                        |   |               |  |                          |                       |                         |  | Conductor | Surface | Pr    | oduction   | Intermediate | Liner         | Tubing |
|  |                        |   |               | Size   |                          |                       |                         |  |           |         |       |            |              |               |        |
| Setting Depth  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Amount of Cement   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Top of Cement  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Bottom of Cement   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Casing Fluid Lavel from Su   | rface:                 | How   | Determined?   | )  |                          | r                     | Jato:                   |  |           |         |       |            |              |               |        |
| Casing Fluid Level from Surface:                                   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| (top)  | (bottom)               |   |               | (top)  | (bottom)                 | 00010 01 001110111. 1 | <u> </u>                |  |           |         |       |            |              |               |        |
| Do you have a valid Oil & G  | Sas Lease? Yes         | No  |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Depth and Type:  | in Hole at [           | Tools in Hole at                            | Ca            | sing Leaks:  | Yes No Depth o           | f casing leak(s):     |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       | sack of cement          |  |           |         |       |            |              |               |        |
| Packer Type:   |                        |   |               |  |                          | (******)              |                         |  |           |         |       |            |              |               |        |
| Total Depth:   | Plug Ba                | ck Depth:                                   |               | Plug Back Meth   | od:                      |                       |                         |  |           |         |       |            |              |               |        |
| Geological Date:   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Formation Name Formation Top Formation Base Completion Information |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| 1  | At: to Feet Perfo      |   |               | oration Interval to Feet or Open Hole Interval to Feet   |                          |                       |                         |  |           |         |       |            |              |               |        |
| 2  | At:                    | to F  | eet Perfo     | ration Interval  | to Feet                  | or Open Hole Interva  | al toFeet               |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| IINDED DENALTY OF DE   | O IIIDV I LIEDEDV ATTE | ECT TUAT TUE INCOC                          | MATION CO     | NITAINED HEE   | EIN ICTUIE AND COD       | DECTTO THE DEST       | OE MA KNOMI EDGE        |  |           |         |       |            |              |               |        |
|  |                        | Subm  | itted Ele     | ctronicall   | y                        |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY   |                        |   |               |  | Date Plugged:            | Date Repaired: Date   | te Put Back in Service: |  |           |         |       |            |              |               |        |
| Space - NOO OOL ONLI   |                        | _   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Review Completed by:   |                        |   | Comr          | nents:   |                          |                       |                         |  |           |         |       |            |              |               |        |
| TA Approved: Yes   | Denied Date:           |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        | Mail to the A                               | Appropriate   | KCC Conserv  | vation Office:           |                       |                         |  |           |         |       |            |              |               |        |
| Stepper State State State State State State States                 | KCC Distr              | rict Office #1 - 210 E. I                   | Frontview, Su | ite A, Dodge C   | ty, KS 67801             |                       | Phone 620.682.7933      |  |           |         |       |            |              |               |        |
|  | KCC Disti              | KCC District Office #2 - 3450 N. Rock Road, |               |  | 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. 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

September 27, 2022

Bryan Marshall Marshall Oil, LLC 304 E. 9TH ST. PO BOX 389 EUREKA, KS 67045-0389

Re: Temporary Abandonment API 15-205-27952-00-00 LLOYD KEBERT 10 NW/4 Sec.10-30S-15E Wilson County, Kansas

## Dear Bryan Marshall:

- "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 09/27/2023.
- \* 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 09/27/2023.

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

Very truly yours,

Levi Burnett ECRS"