July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

|   |                       |                   |         | I  |                     |                    |              |             |          |                       |
|---|-----------------------|-------------------|---------|--|---------------------|--------------------|--------------|-------------|----------|-----------------------|
| OPERATOR: License#                                |                       |                   |         | API No. 15-  |                     |                    |              |             |          |                       |
| Name:   |                       |                   |         |  | iption:             |                    |              |             |          |                       |
| Address 1:  |                       |                   |         | Sec Twp S. R DE DW feet from N / DS Line of Section    |                     |                    |              |             |          |                       |
| Address 2:  |                       |                   |         |  |                     |                    |              | _           |          |                       |
| City:   | State: Zir            | o: +              |         |  | on: Lat:(e.g. xx.x  |                    |              |             | Section  |                       |
| Contact Person:                                   |                       |                   |         | Datum:   | (e.g. xx.x)   NAD27 | WGS84              | (e.g.        | ıxxx.xxxxx) |          |                       |
| Phone:( )  Contact Person Email:                  |                       |                   |         | County: Elevation: GL KB Lease Name: Well #:           |                     |                    |              |             |          |                       |
|   |                       |                   |         |  |                     |                    |              |             |          | Field Contact Person: |
| Field Contact Person Phone: ( _                   | )                     |                   |         |  | ermit #:            |                    | R Permit #:_ |             |          |                       |
| •   | ,                     |                   |         | _  | orage Permit #:     |                    | In:          |             |          |                       |
|   | Conductor             | Surface           | Pro     | duction  | Intermediate        | Liner              |              | Tubing      |          |                       |
| Size  |                       |                   |         |  |                     |                    |              |             |          |                       |
| Setting Depth                                     |                       |                   |         |  |                     |                    |              |             |          |                       |
| Amount of Cement                                  |                       |                   |         |  |                     |                    |              |             |          |                       |
| Top of Cement                                     |                       |                   |         |  |                     |                    |              |             |          |                       |
| Bottom of Cement                                  |                       |                   |         |  |                     |                    |              |             |          |                       |
| Do you have a valid Oil & Gas Le  Depth and Type: | ole at To             | ools in Hole at   | w/_     | sacks  | s of cement Port    | Collar:(depth)     |              |             | f cement |                       |
| Total Depth:                                      | Plug Back Depth: Plu  |                   |         |  | lug Back Method:    |                    |              |             |          |                       |
| Geological Date:                                  |                       |                   |         |  |                     |                    |              |             |          |                       |
| Formation Name                                    | Formation Top         | Formation Base    |         |  | Completic           | on Information     |              |             |          |                       |
| 1   | At:                   | to Feet           | Perfo   | ration Interval .                                      | to F                | eet or Open Hole I | Interval     | to          | Feet     |                       |
| 2   |                       | to Feet           |         |  | to F                |                    |              |             |          |                       |
| <u></u>   |                       | 10 1 00.          | 1 0110. | ation man ra.  |                     | eet of Opon Ho.s.  | IIICi vai —  | 10          |          |                       |
| IINDED DENALTV OF DED IIID                        | VILLEDEDV ATTECT      | FUAT THE INCODMAT | CION CO | ITAINEN UED  | EIN IS TOLLE AND C  | -000ECT TO THE B   | PECT OF MV   | / KNOWI E   | DOE      |                       |
|   |                       | Submitte          | ed Ele  | ctronically  | у                   |                    |              |             |          |                       |
| Do NOT Write in This<br>Space - KCC USE ONLY      | Date Tested: Results: |                   | sults:  | Date Plugged: Date Repaired: Date Put Back in Service: |                     |                    |              |             |          |                       |
| Review Completed by:                              |                       |                   | Comm    | nents:   |                     |                    |              |             |          |                       |
| TA Approved: Yes                                  | Denied Date:          |                   |         |  |                     |                    |              |             |          |                       |

## Mail to the Appropriate KCC Conservation Office:

| there have been the top to you found the party than | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 1000      | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Since there were first out to the total times to the time | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

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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

October 27, 2022

Tom Kaetzer RedBud Oil & Gas Operating, LLC 16000 STUEBNER AIRLINE RD SUITE 320 SPRING, TX 77379

Re: Temporary Abandonment API 15-125-31202-00-00 REITZ B3-35 NE/4 Sec.35-34S-14E Montgomery County, Kansas

## Dear Tom Kaetzer:

- "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 10/27/2023.
- \* 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 10/27/2023.

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

Very truly yours,

Levi Burnett ECRS"