KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111 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:  |                        |  |              |  | •  | Twp S.                  |                  |  |           |         |    |            |              |                 |        |
| Address 2:  |                        |  |              |  |  | feet from               | N / S Line of Se |  |           |         |    |            |              |                 |        |
|   |                        |  |              |  |  | feet from               |                  |  |           |         |    |            |              |                 |        |
| City:         +   |                        |  |              | GPS Location: Lat:   |  |                         |                  |  |           |         |    |            |              |                 |        |
|   |                        |  |              |  |  | 3                       |                  |  |           |         |    |            |              |                 |        |
| Phone:( )  Contact Person Email:  Field Contact Person:  Field Contact Person Phone:( ) |                        |  |              |  |  | Elevation W             |                  |  |           |         |    |            |              |                 |        |
|   |                        |  |              | Well Type: (check one)  Oil  Gas  OG  WSW Other:  SWD Permit #: ENHR Permit #: |  |                         |                  |  |           |         |    |            |              |                 |        |
|   |                        |  |              |  |  |                         |                  |  |           |         |    | 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 Level from Surfa   | ace.                   | Hov  | w Determined | >  |  |                         | Date:            |  |           |         |    |            |              |                 |        |
| Casing Squeeze(s):  |                        |  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Do you have a valid Oil & Gas   |                        | _  |              | (top)  | (bottom)   |                         |                  |  |           |         |    |            |              |                 |        |
| •   |                        | -  |              | _  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Depth and Type:   | Hole at                |  | Ca           | asing Leaks:   | Yes No De  | epth of casing leak(s): |                  |  |           |         |    |            |              |                 |        |
| Type Completion: ALT. I   | ALT. II Depth of       | f: DV Tool:  | denth) W /   | sacks  | s of cement Po   | rt Collar: w            | / sack of ce     |  |           |         |    |            |              |                 |        |
| Packer Type:  |                        | ,  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Total Depth:  | Plug Bac               | k Depth:   |              | Plug Back Meth   | od:  |                         |                  |  |           |         |    |            |              |                 |        |
| Geological Date:  |                        |  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Formation Name  | Formation <sup>-</sup> | Formation Top Formation Base   |              |  | Completion Information                                 |                         |                  |  |           |         |    |            |              |                 |        |
| 1   | At:                    | to   | Feet Perfo   | oration Interval   | to   | Feet or Open Hole Inter | val to           |  |           |         |    |            |              |                 |        |
| 2   | At:                    | to   | Feet Perfo   | oration Interval -   | to   | Feet or Open Hole Inter | val to           |  |           |         |    |            |              |                 |        |
| UNDER BENALTY OF BER I  |                        | OT TILLT THE INCO  |              |  | EIN 10 TRUE AND  |                         |                  |  |           |         |    |            |              |                 |        |
| TRINES DERINITO AL DEST   | THE THE BEBLOOK ATTE   |  |              |  |  | TABLET IN THE BEST      |                  |  |           |         |    |            |              |                 |        |
|   |                        | Subr   | nitted Ele   | ectronicall  | У  |                         |                  |  |           |         |    |            |              |                 |        |
| Do NOT Write in This Date Tested: Results   |                        |  | Results:     | Date Plugged: Date Repaired: Date Put Back in Service:                         |  |                         |                  |  |           |         |    |            |              |                 |        |
| Space - KCC USE ONLY  | Date lested.           | Pate resieu. Results:  |              |  | Date Hugged. Date Repaired. Date Fut Back in Oct Vice. |                         |                  |  |           |         |    |            |              |                 |        |
| Review Completed by:  |                        |  | Comi         | ments:   |  |                         |                  |  |           |         |    |            |              |                 |        |
| TA Approved: Yes  | Denied Date:           |  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
|   |                        | Mail to the  | Appropriate  | KCC Conserv  | ration Office:   |                         |                  |  |           |         |    |            |              |                 |        |
| Down late from the late and had   | KCC Distri             | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801           |              |  |  |                         | Phone 620.682.79 |  |           |         |    |            |              |                 |        |
|   |                        | KCC Dietrict Office #2 - 2450 N. Pock Poad Building 600 Suite 601 Wichita KS 67226 |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |

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. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 http://kcc.ks.gov/

Laura Kelly, Governor

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

March 15, 2023

Johnny Allison Petrodome Operating, LLC 15915 KATY FREEWAY SUITE 450 HOUSTON, TX 77094-1717

Re: Temporary Abandonment API 15-061-20054-00-00 POOLE 04-05 NE/4 Sec.29-11S-08E Geary County, Kansas

## Dear Johnny Allison:

"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 03/15/2024.

- \* 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 03/15/2024.

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

Very truly yours,

Jerry Sparling"