July 2017 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.337.7400

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License# | | | API No. | 15- | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|-----------------------|-----------------------------------------------------------------------|-------------------------|-----------------------|--|--|--|--|
| Name: | | | | API No. 15- Spot Description: Sec. Twp S. R E W | | | | | | |
| Address 1: | | | | | | | | | | |
| | | | | | | N / S Line of Section | | | | |
| Address 2: | | | | feet from E / W Line of Section | | | | | | |
| City: | | | GF3 LC | GPS Location: Lat: | | | | | | |
| Contact Person: | | | —— Datum: | | | | | | | |
| Phone:() | | | | | | | | | | |
| Contact Person Email: | | | | | | | | | | |
| Field Contact Person: | | | | | | | | | | |
| Field Contact Person Phone: | () | | | | | | | | | |
| | | | | | Date Shut-In: _ | | | | | |
| | Conductor | Surface | Production | Intermedia | te Liner | Tubing | | | | |
| Size | | | | | | | | | | |
| Setting Depth | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | |
| Top of Cement | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | |
| Depth and Type: Junk in Type Completion: ALT. I Packer Type: Total Depth: Geological Date: | ALT. II Depth o | f: DV Tool:(depth) | w / s Inch Set at: | acks of cement | Port Collar:w _ Feet | | | | | |
| Formation Name | Formation ⁻ | Top Formation Base | | Completion Information | | | | | | |
| 1 | At: | to Feet | Perforation Inter | val to | Feet or Open Hole Inter | rval toFeet | | | | |
| 2 | At: | to Feet | Perforation Inter | val to | Feet or Open Hole Inter | rval toFeet | | | | |
| INDED DENALTY OF BED I | IIDV I UEBEBV ATTE | | ed Electronic | | IN CORRECT TO THE REC | T OE MY I/MOM/I EDGE | | | | |
| Do NOT Write in This Space - KCC USE ONLY | | | | Date Plugged: Date Repaired: Date Put Back in Service: | | | | | | |
| Review Completed by: | | | Comments: | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | |
| | | Mail to the Appr | opriate KCC Cons | servation Office: | | | | | | |
| States States States States State State State States State | Phone 620.682.7933 | | | | | | | | | |

KCC District Office #2 - 3450 N. Rock Road, 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

| 940-767-4334 | ECHOMETER COMPANY | PHONE-940-767-4334 | ECHOMETER | COMPANY | PHONE-9 | 40-767-4 | 334 | . . . |
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| PRODUCTION | RATE | PROD RATE EFF, % MAX PRODUCTION | | LIQUID P-P | LEVEL 0, 060 | A: mV | 6, 9. | |
| FCOMPANY PHON | E-940-767-4334 EC | HOMETER COMPANY PHO | ONE-940-767-4334 | EC | HOMETER | COMPAN | IY PHONE | E-940- |
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| 3 | , | 20 | 30 | 2 | IA. | | 40 : | |
| | ECHOMETER COMPANY | 1 = PHONE-940-767-4334 | ECHOMETER | COMPANY | PHONE-9 | 40-767-4 | 334 | |
| 57-4334 | SO SO | | Many house | 10 manufactura (10 manufactura | | | | |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

10/10/2024

Max Rose Murfin Drilling Co., Inc. 250 N WATER STE 300 WICHITA, KS 67202-1216

Re: Temporary Abandonment API 15-051-22556-00-00 WERTH C 2 NW/4 Sec.26-15S-19W Ellis County, Kansas

Dear Max Rose:

"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 01/31/2025.

- * 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 01/31/2025.

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

Very truly yours,

RICHARD WILLIAMS"