Form CP-111 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

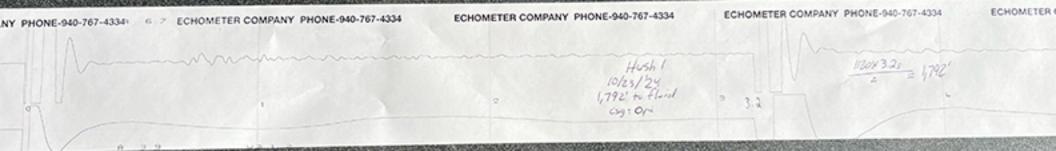
Phone 785.261.6250

| OPERATOR: License#  |                              |                    | API No.               | 15-  |                         |                      |  |  |           |         |            |            |                 |        |
|---|------------------------------|--------------------|-----------------------|--|-------------------------|----------------------|--|--|-----------|---------|------------|------------|-----------------|--------|
| Name:   |                              |                    |                       | API No. 15-         Spot Description:                  |                         |                      |  |  |           |         |            |            |                 |        |
|   |                              |                    |                       |  |                         |                      |  |  |           |         |            |            |                 |        |
|   |                              |                    |                       |  |                         |                      |  | ☐ SWD Permit #:         ☐ ENHR Permit #:           ☐ Gas Storage Permit #: |           |         |            |            |                 |        |
|   |                              |                    |                       |  |                         |                      |  |  |           |         |            |            | 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<br>Inch Set at: | acks of cement   | Port Collar:w<br>_ 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<br>Space - KCC USE ONLY  | Date Tested: Results:        |                    |                       | 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:                                      |                         |                      |  |  |           |         |            |            |                 |        |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                          |                              |                    |                       |  |                         | 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



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

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

## 10/25/2024

STEPHANIE DECKER Samuel Gary Jr. & Associates, Inc. 1515 WYNKOOP, STE 700 DENVER, CO 80202-2062

Re: Temporary Abandonment API 15-119-21251-00-00 HUSH 1 NW/4 Sec.10-33S-30W Meade County, Kansas

## Dear STEPHANIE DECKER:

- "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 10/25/2025.
- \* 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 10/25/2025.

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

Very truly yours,

Michael Maier"