July 2017
Form must be Typed
Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed

All blanks must be complete

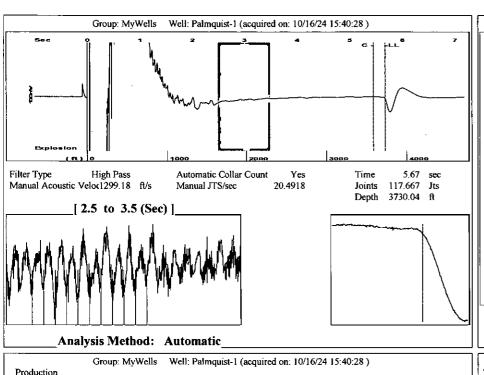
Phone 620.902.6450

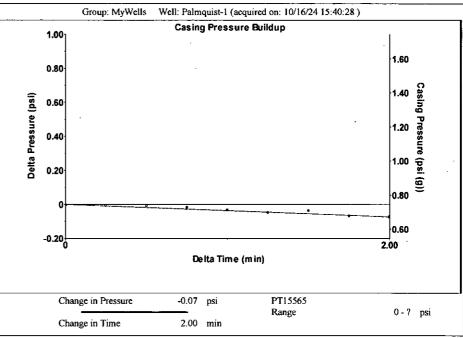
Phone 785.261.6250

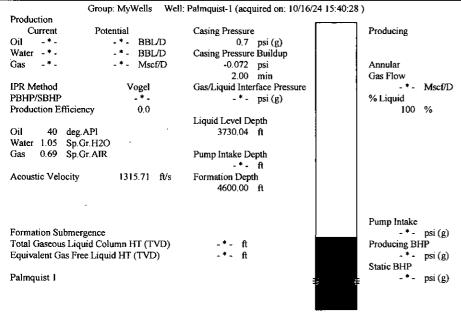
| OPERATOR: License#                                 |                        |  |              | API No. 15-                  |   |                       |                         |  |  |
|--|------------------------|--|--------------|------------------------------|---|-----------------------|-------------------------|--|--|
| Name:  |                        |  |              | Spot Description:            |   |                       |                         |  |  |
| Address 1:   |                        |  |              |                              | •   |                       | R 🗌 E 🔲 W               |  |  |
| Address 2:   |                        |  |              |                              |   | feet from N           | I / S Line of Section   |  |  |
| City:         +                                    |                        |  |              | GPS Location: Lat:           |   |                       |                         |  |  |
|  |                        |  |              |                              |   |                       |                         |  |  |
| Phone:()   |                        |  |              | Lease Name: Well #:          |   |                       |                         |  |  |
|  | Contact Person Email:  |  |              |                              | Well Type: (check one)    Oil    Gas    OG    WSW    Other: |                       |                         |  |  |
| Field Contact Person Phone                         |                        |  |              | SWD Permit #: ENHR Permit #: |   |                       |                         |  |  |
| rield Contact Ferson Frion                         | 6.()                   |  |              |                              | Gas Storage Permit #: 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 Level from Su                         | rface:                 | How  | Determined?  | )                            |   | r                     | Jato:                   |  |  |
|  |                        |  |              |                              |   |                       |                         |  |  |
| Casing Squeeze(s):                                 | (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 Ir   | nformation            |                         |  |  |
| 1  | At:                    | to F   | eet Perfo    | oration Interval             | toFeet  | or Open Hole Interva  | al toFeet               |  |  |
| 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<br>Space - KCC USE ONLY       | Date Tested:           |  | Results:     |                              | 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              | KCC District Office #1 - 210 E. Frontview, Sui |              |                              | ty, KS 67801  |                       | Phone 620.682.7933      |  |  |
|  | KCC Disti              | rict Office #2 - 3450 N                        | I. Rock Road | Building 600.                | Suite 601, Wichita, KS 6                                    | 7226                  | Phone 316.337.7400      |  |  |

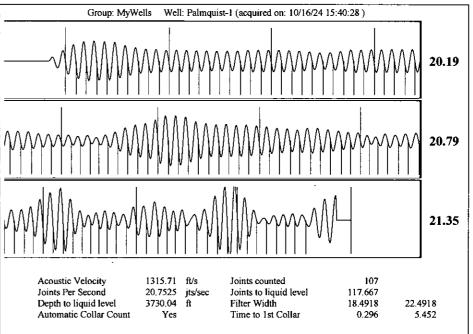
KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651









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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

## 11/06/2024

Anthony Farrar Indian Oil Co., Inc. 308 S. Main St. PO BOX 209 MEDICINE LODGE, KS 67104-0209

Re: Temporary Abandonment API 15-151-20356-00-00 PALMQUIST 1 SE/4 Sec.32-29S-13W Pratt County, Kansas

## Dear Anthony Farrar:

"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 11/06/2025.

- \* 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 11/06/2025.

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

Very truly yours,

Michael Maier"