Kansas Corporation Commission 1271808

Form CP-111 June 2011 Form must be Typed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete

| OPERATOR: License#                                      |  |                    |          | API No. 15-                      |                 |                     |             |                          |            |          |
|---|--|--------------------|----------|----------------------------------|-----------------|---------------------|-------------|--------------------------|------------|----------|
| Name:   |  |                    |          | Spot Descri                      | iption:         |                     |             |                          |            |          |
| Address 1:  |  |                    |          |                                  | Sec.            |                     | _ Twp       | _ S. R                   |            | E W      |
| Address 2:  |  |                    |          |                                  |                 |                     |             | =                        | =          |          |
| Dity:         +   |  |                    |          | GPS Location: Lat:, Long:, Long: |                 |                     |             |                          |            |          |
|   |  |                    |          |                                  |                 |                     |             |                          |            |          |
| Contact Person Email:                                   | Lease Name: Well #:  |                    |          |                                  |                 |                     |             |                          |            |          |
| Field Contact Person:                                   | Well Type: (check one)  Oil  Gas  OG  WSW  Other:                        |                    |          |                                  |                 |                     |             |                          |            |          |
| Field Contact Person Phon                               | ☐ SWD Permit #:         ENHR Permit #:           ☐ Gas Storage Permit #: |                    |          |                                  |                 |                     |             |                          |            |          |
|   |  |                    |          |                                  | orage Permit #: |                     |             | n:                       |            |          |
|   | Conductor  | Surface            | Pro      | oduction                         | Intermediate    | <b>,</b>            | Liner       |                          | Tubin      | g        |
| Size  |  |                    |          |                                  |                 |                     |             |                          |            |          |
| Setting Depth   |  |                    |          |                                  |                 |                     |             |                          |            |          |
| Amount of Cement  |  |                    |          |                                  |                 |                     |             |                          |            |          |
| Top of Cement   |  |                    |          |                                  |                 |                     |             |                          |            |          |
| Bottom of Cement  |  |                    |          |                                  |                 |                     |             |                          |            |          |
| Depth and Type:   | ALT. II Depth o  | f: DV Tool:(depth) | w / _    | sacks                            | s of cement Po  | ort Collar:<br>Feet | (depth)     |                          |            | of cemen |
| Geological Date:  |  |                    |          |                                  |                 |                     |             |                          |            |          |
| Formation Name  | Formation Top Formation Base   |                    |          | Completion Information           |                 |                     |             |                          |            |          |
| l   | At:  | to Feet            | Perfo    | ration Interval <sub>-</sub>     | to              | _ Feet or           | Open Hole I | nterval                  | to         | Fee      |
| 2   | At:  | to Feet            | Perfo    | ration Interval -                | to              | _ Feet or           | Open Hole I | nterval                  | to         | Fee      |
| INDER RENALTY OF RE                                     | D IIIDV I UEDEDV ATTE  | Submitte           |          | ctronically                      | Y               | COBBE               | OTTOTUE B   | EST OF M                 | IN INDIANI | EDCE     |
| Do NOT Write in This Date Tested:  Space - KCC USE ONLY |  | Re                 | esults:  |                                  | Date Plugged    | : Dat               | e Repaired: | Date Put Back in Service |            | vice:    |
| Review Completed by:                                    |  |                    | Comn     | nents:                           |                 |                     |             |                          |            |          |
| TA Approved: Yes  | Denied Date:   |                    |          |                                  |                 |                     |             |                          |            |          |
|   |  | Mail to the App    | ropriate | KCC Conserv                      | ation Office:   |                     |             |                          |            |          |
|   |  |                    |          |                                  |                 |                     |             |                          |            |          |

| Notes type from more right too and form parties mad been form from  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|---|---|--------------------|
| 1000   1000 | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
|   | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Sime tree tree facts and tree tree facts are tree tree tree tree tree tree tree   | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-225-8888 Fax: 620-225-8885 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

November 24, 2015

Liliana Hernandez PetroSantander (USA) Inc. 6363 WOODWAY DR STE350 HOUSTON, TX 77057-1798

Re: Temporary Abandonment API 15-055-21183-00-00 KESTER 18-1 SW/4 Sec.18-21S-34W Finney County, Kansas

## Dear Liliana Hernandez:

"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 11/24/2016.

- \* 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 11/24/2016.

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

Very truly yours,

Michael Maier"