KANSAS CORPORATION COMMISSION 1247525

Form CP-111 June 2011 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

|                                                     | State:                       |                 |                     |         | Spot Descri            | ption:Se         |                                                              |                           |          |      |             |  |  |  |
|-----------------------------------------------------|------------------------------|-----------------|---------------------|---------|------------------------|------------------|--------------------------------------------------------------|---------------------------|----------|------|-------------|--|--|--|
| Address 2:<br>City:<br>Contact Person:<br>Phone:( ) | State:                       |                 |                     |         |                        |                  | ~                                                            | -                         |          | _    |             |  |  |  |
| City: Contact Person: Phone:( )                     | State:                       |                 |                     |         |                        | 00               | C                                                            | _ Iwp                     | S. R     | [    | _EW         |  |  |  |
| Contact Person:<br>Phone:( )                        |                              | _ Zip:          |                     |         |                        |                  |                                                              |                           | _        |      |             |  |  |  |
| Contact Person:<br>Phone:( )                        |                              |                 | City: State: Zip: + |         |                        |                  |                                                              | GPS Location: Lat:, Long: |          |      |             |  |  |  |
|                                                     |                              | Contact Person: |                     |         |                        |                  | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |                           |          |      |             |  |  |  |
|                                                     |                              |                 |                     |         |                        |                  |                                                              |                           |          |      | GL 🗌 KB     |  |  |  |
|                                                     |                              |                 |                     |         |                        | ə:               |                                                              |                           |          |      |             |  |  |  |
| Field Contact Person:                               |                              |                 |                     |         | Well Type: (           | check one) 🗌 🤇   | Dil Gas                                                      |                           | V 🗌 Ot   | her: |             |  |  |  |
| Field Contact Person Phone: (                       |                              |                 |                     |         | SWD Permit #:          |                  |                                                              |                           |          |      |             |  |  |  |
|                                                     | . )                          |                 |                     |         |                        | rage Permit #: _ |                                                              |                           |          |      |             |  |  |  |
|                                                     |                              |                 |                     |         | Spud Date:             |                  |                                                              | Date Shut-In              | :        |      |             |  |  |  |
| Cc                                                  | nductor                      | Surfac          | e                   | Proc    | luction                | Intermedia       | te                                                           | Liner                     |          | Tubi | ng          |  |  |  |
| Size                                                |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Setting Depth                                       |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Amount of Cement                                    |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Top of Cement                                       |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Bottom of Cement                                    |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Casing Fluid Level from Surface:                    |                              |                 | How Doto            | rminod? |                        |                  |                                                              |                           | Data     | :    |             |  |  |  |
| •                                                   |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Casing Squeeze(s): to                               | (bottom)                     | 0               |                     | ioni,   | (top) 10               | (bottom)         |                                                              |                           | ni. Duio | ·    |             |  |  |  |
| Do you have a valid Oil & Gas Lease                 | ? Yes                        | No              |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Depth and Type:  Junk in Hole at                    | [                            | Tools in Hole   | at                  | Cas     | ing Leaks:             | Yes No           | Depth of ca                                                  | sing leak(s):             |          |      |             |  |  |  |
| Type Completion:                                    |                              |                 |                     |         |                        |                  |                                                              |                           |          |      | c of cement |  |  |  |
|                                                     |                              |                 |                     |         |                        |                  |                                                              | (depth)                   |          | 0000 |             |  |  |  |
| Packer Type:                                        |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Total Depth:                                        | Plug Ba                      | ck Depth:       |                     | P       | lug Back Metho         | od:              |                                                              | -                         |          |      |             |  |  |  |
| Geological Date:                                    |                              |                 |                     |         |                        |                  |                                                              |                           |          |      |             |  |  |  |
| Formation Name                                      | Formation Top Formation Base |                 |                     |         | Completion Information |                  |                                                              |                           |          |      |             |  |  |  |
| 1                                                   | _ At:                        | to              | Feet                | Perfora | ation Interval _       | to               | Feet or                                                      | Open Hole In              | terval   | to   | Feet        |  |  |  |
| 2                                                   | _ At:                        | to              | Feet                | Perfor  | ation Interval -       | to               | Feet or                                                      | Open Hole In              | terval   | to   | Feet        |  |  |  |

## Submitted Electronically

| 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 De                          | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|
|                                                       | 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 |
|                                                       | 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/

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

April 07, 2015

Loveness Mpanje F. G. Holl Company L.L.C. 9431 E CENTRAL STE 100 WICHITA, KS 67206-2563

Re: Temporary Abandonment API 15-047-20131-00-00 COPPOC-RUDD 1 SW/4 Sec.09-24S-16W Edwards County, Kansas

Dear Loveness Mpanje:

"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 04/07/2016.

\* 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 04/07/2016.

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

Very truly yours,

Michael Maier"