KANSAS CORPORATION COMMISSION 1269128

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

## **TEMPORARY ABANDONMENT WELL APPLICATION**

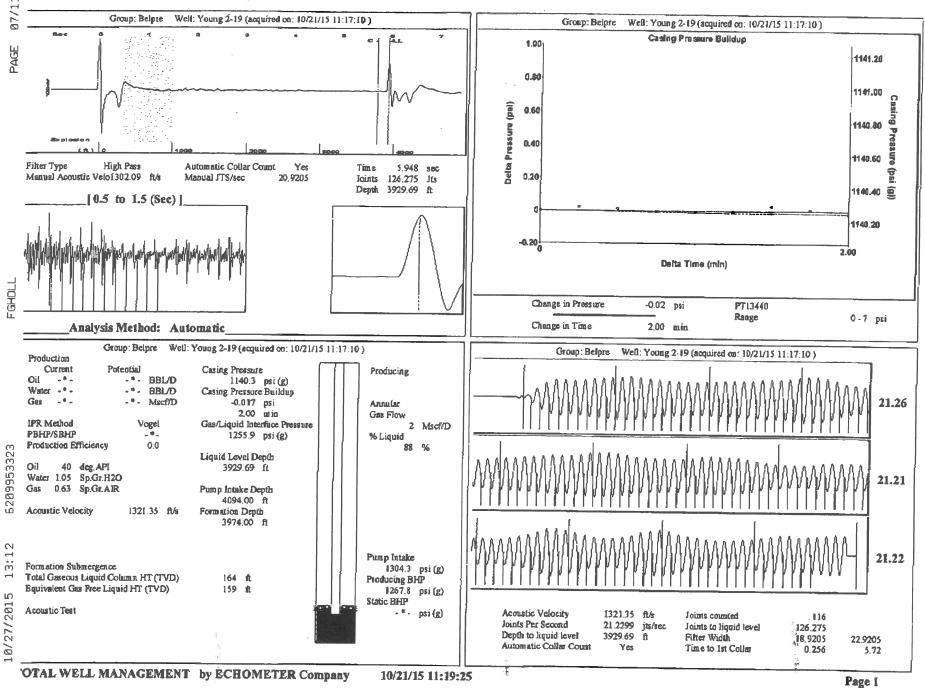
| Address 1:<br>Address 2:<br>City:<br>Contact Person: | State:                       | _ Zip: +         |                 |                              | Sec            | ;            |   | S                               |                 |                       |  |  |  |
|--|------------------------------|------------------|-----------------|------------------------------|----------------|--------------|---|---------------------------------|-----------------|-----------------------|--|--|--|
| Address 2:<br>City:<br>Contact Person:               | State:                       | _ Zip: +         |                 |                              |                |              | feet from N /   | S                               |                 |                       |  |  |  |
| City:<br>Contact Person:                             | State:                       | _ Zip: +         |                 |                              |                |              |   |                                 | Line of Section |                       |  |  |  |
| Contact Person:                                      |                              |                  |                 |                              |                |              | feet from     F /   | feet from N / S Line of Section |                 |                       |  |  |  |
| Contact Person:                                      |                              |                  |                 | GPS Location: Lat:, Long:    |                |              |   |                                 |                 |                       |  |  |  |
| Phone:()   |                              |                  | Contact Person: |                              |                |              | GPS Location: Lat:, Long:, (e.gxxx.xxxxx)<br>Datum: NAD27 NAD83 WGS84 |                                 |                 |                       |  |  |  |
| Phone:( )  |                              |                  |                 | County:                      |                |              |   |                                 |                 |                       |  |  |  |
|  |                              |                  |                 |                              |                |              |   |                                 |                 | Field Contact Person: |  |  |  |
| Field Contact Person Phone: (                        |                              |                  |                 | SWD Permit #: ENHR Permit #: |                |              |   |                                 |                 |                       |  |  |  |
| (.   | ,                            |                  |                 |                              | rage Permit #: |              |   |                                 |                 |                       |  |  |  |
|  |                              |                  |                 | Spud Date:                   |                |              | Date Shut-In:   |                                 |                 |                       |  |  |  |
|  | Conductor                    | Surface          | Pro             | oduction                     | Intermediat    | e            | Liner   |                                 | Tubing          |                       |  |  |  |
| Size   |                              |                  |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Setting Depth  |                              |                  |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Amount of Cement                                     |                              |                  |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Top of Cement  |                              |                  |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Bottom of Cement                                     |                              |                  |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Casing Fluid Level from Surfac                       | e:                           | How D            | Determined?     | ,                            |                |              | Da  | te:                             |                 |                       |  |  |  |
| Casing Squeeze(s):                                   | _ to w                       | / sacks of o     |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Do you have a valid Oil & Gas                        | Lease? Yes                   | No               |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Depth and Type: Dunk in H                            | ole at                       | Tools in Hole at | Ca              | ising Leaks:                 | Yes No E       | Depth of cas | ing leak(s):  |                                 |                 |                       |  |  |  |
| Type Completion: ALT. I                              |                              |                  |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Packer Type:   |                              |                  | <i>'</i>        |                              |                |              | (depin)   |                                 |                 |                       |  |  |  |
| Total Depth:   | Plug Back Depth:             |                  |                 | _ Plug Back Method:          |                |              |   |                                 |                 |                       |  |  |  |
| Geological Date:                                     |                              |                  |                 |                              |                |              |   |                                 |                 |                       |  |  |  |
| Formation Name                                       | Formation Top Formation Base |                  |                 | Completion Information       |                |              |   |                                 |                 |                       |  |  |  |
| 1  | At:                          | to Fe            | et Perfo        | oration Interval             | to             | Feet or      | Open Hole Interval  | t                               | oFeet           |                       |  |  |  |
| 2  | At:                          | to Fe            | et Perfo        | ration Interval.             | to             | _ Feet or    | Open Hole Interval  | t                               | oFeet           |                       |  |  |  |
|  | DVILLEDEDV ATT               |                  |                 |                              |                |              |   | -                               |                 |                       |  |  |  |

## 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:

|  | 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 |



=G Holl Co

Fax Station

Oct 27 2015 2:05PM

Received Fax



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

November 03, 2015

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

Re: Temporary Abandonment API 15-185-22907-00-02 YOUNG OWWO 2-19 NW/4 Sec.19-24S-15W Stafford County, Kansas

Dear Margery L. Nagel:

"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 11/03/2016.

\* 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 11/03/2016.

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

Very truly yours,

Michael Maier"