Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                           |                       |                       |          | API No. 15-                                       |                        |                          |                      |           |  |
|----------------------------------------------|-----------------------|-----------------------|----------|---------------------------------------------------|------------------------|--------------------------|----------------------|-----------|--|
| Name:                                        |                       |                       |          | Spot Description:                                 |                        |                          |                      |           |  |
| Address 1:                                   |                       |                       |          |                                                   |                        | Twp S.                   |                      |           |  |
| Address 2:                                   |                       |                       |          |                                                   |                        | feet from                |                      |           |  |
| City:                                        |                       |                       |          | feet from L E / LW Line of Section                |                        |                          |                      |           |  |
| Contact Person:                              |                       |                       |          | GPS Location: Lat:, Long:, Long:                  |                        |                          |                      |           |  |
| Phone:( )                                    |                       |                       |          |                                                   |                        | Elevation:               | GI                   | L ∏KB     |  |
| Contact Person Email:                        |                       |                       |          | Lease Name: Well #:                               |                        |                          |                      |           |  |
| Field Contact Person:                        |                       |                       |          | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |                        |                          |                      |           |  |
| Field Contact Person Phone: ( )              |                       |                       |          | SWD Permit #: ENHR Permit #:                      |                        |                          |                      |           |  |
| ` ,                                          |                       |                       |          | Gas Storage Permit #: Date Shut-In:               |                        |                          |                      |           |  |
|                                              | Conductor             | Surface               | Pro      | duction                                           | Intermediate           | Liner                    | Tubing               | 3         |  |
| Size                                         |                       |                       |          |                                                   |                        |                          |                      |           |  |
| Setting Depth                                |                       |                       |          |                                                   |                        |                          |                      |           |  |
| Amount of Cement                             |                       |                       |          |                                                   |                        |                          |                      |           |  |
| Top of Cement                                |                       |                       |          |                                                   |                        |                          |                      |           |  |
| Bottom of Cement                             |                       |                       |          |                                                   |                        |                          |                      |           |  |
| Depth and Type:                              | T.I ALT. II Depth o   | of: DV Tool:(depth)   | w / _    | Set at:                                           | s of cement Port       | Collar: w<br>et          |                      | of cement |  |
| Geological Date:                             | Ū                     | ·                     |          | · ·                                               |                        |                          |                      |           |  |
| Formation Name                               |                       |                       |          |                                                   | Completion Information |                          |                      |           |  |
| 1                                            | At:                   | to Feet               | Perfo    | ration Interval .                                 | to F                   | Feet or Open Hole Interv | val to               | Feet      |  |
| 2                                            | At:                   | to Feet               | Perfo    | ration Interval                                   | to F                   | Feet or Open Hole Interv | val to               | Feet      |  |
| INDED DENALTY OF DEL                         | O ILIDVI LIEDEDV ATTE | CET THAT THE INICODMA | TION CO  | NITAINED HED                                      | EIN IS TOLIE AND O     | PARREATTA THE REST       | FOE MV KNOW!         | EDCE      |  |
|                                              |                       | Submitt               | ed Ele   | ctronicall                                        | У                      |                          |                      |           |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:          | Results:              |          |                                                   | Date Plugged:          | Date Repaired: Date      | ate Put Back in Serv | vice:     |  |
| Review Completed by:                         | ew Completed by: Comm |                       |          |                                                   |                        |                          |                      |           |  |
| TA Approved: Yes                             | Denied Date:          |                       |          |                                                   |                        |                          |                      |           |  |
|                                              |                       | Mail to the App       | ropriate | KCC Conserv                                       | vation Office:         |                          |                      |           |  |

| Name have been now not one on and from bounds when the board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
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| 1000 1000 1000 1000 1000 1000 1000 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| The second of th | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Size Street Street State State Street | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

Received Fax

Nov 05 2015 1:53PM

Fax Station :

FG Holl Co

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11/05/2015

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6209953323

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-625-0550 Fax: 785-625-0564 http://kcc.ks.gov/

Sam Brownback, Governor

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

November 06, 2015

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

Re: Temporary Abandonment API 15-009-24537-00-00 MEYER 1-33 SW/4 Sec.33-20S-11W Barton 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 11/06/2016.

- \* 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 11/06/2016.

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

Very truly yours,

**RICHARD WILLIAMS"**