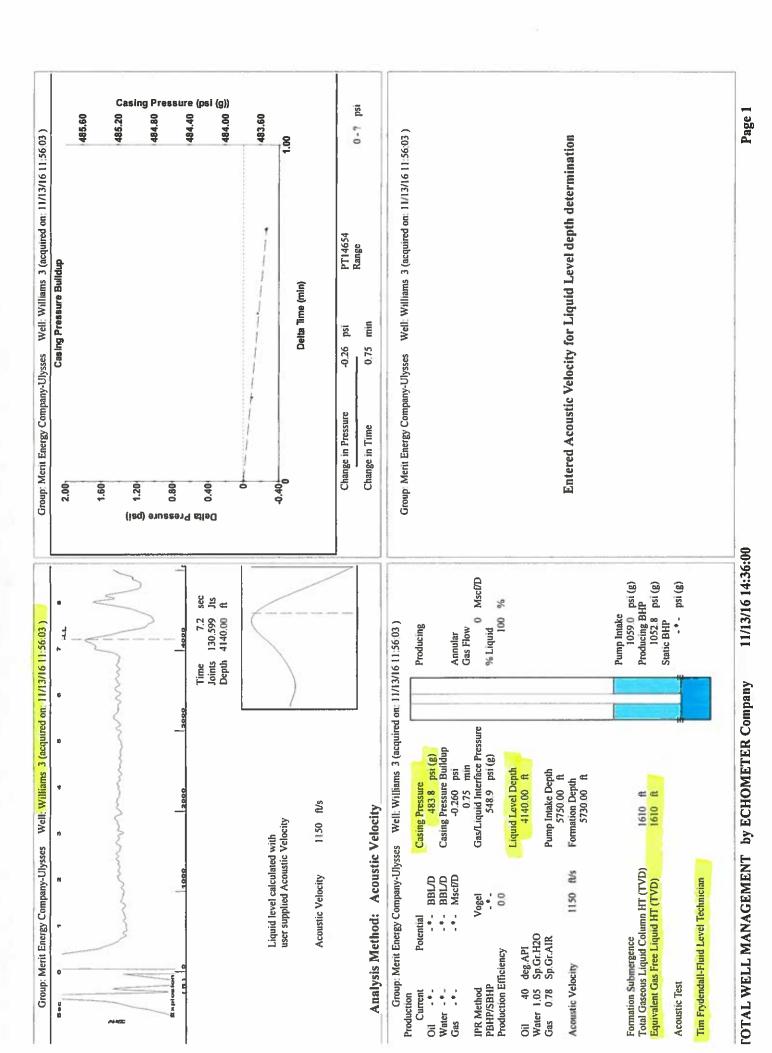
Form CP-111 Oct 2016 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                           |                              |                     |  | API No. 15-                    |  |                         |             |         |          |  |
|--|------------------------------|---------------------|--|--------------------------------|--|-------------------------|-------------|---------|----------|--|
| Name:  |                              |                     |  | Spot Description:              |  |                         |             |         |          |  |
| Address 1:                                   |                              |                     |  |                                | Sec  | Twp                     | _ S. R      | [       | ΞW       |  |
| Address 2:                                   |                              |                     |  |                                |  | feet from [             | = =         |         |          |  |
| City:  |                              |                     |  | feet from E /W Line of Section |  |                         |             |         |          |  |
| Contact Person:                              |                              |                     |  | GPS Location: Lat:             |  |                         |             |         |          |  |
| Phone:( )                                    |                              |                     |  |                                |  | Elevation:              |             | GL      | КВ       |  |
| Contact Person Email:                        |                              |                     |  |                                | Lease Name:  |                         |             |         |          |  |
|  |                              |                     |  |                                |  |                         |             |         |          |  |
| ,  |                              |                     |  |                                | Gas Storage Permit #: Date Shut-In:                    |                         |             |         |          |  |
|  | Conductor                    | Surface             | Pr   | oduction                       | Intermediate   | Liner                   |             | Tubing  |          |  |
| 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 /w / | sack                           | s of cement Port                                       | t Collar:(depth)<br>eet |             |         | f cement |  |
| Total Depth:                                 | Plug Ba                      | ck Depth:           |  | Plug Back Meth                 | od:  |                         |             |         |          |  |
| Geological Date:                             |                              |                     |  |                                |  |                         |             |         |          |  |
| Formation Name                               | Formation Top Formation Base |                     |  | Completion Information         |  |                         |             |         |          |  |
| l  | At:                          | to Fee              | et Perfo                                   | oration Interval               | to I   | Feet or Open Hole In    | iterval     | to      | Feet     |  |
| 2  | At:                          | to Fee              | et Perfo                                   | oration Interval               | to I   | Feet or Open Hole In    | iterval     | to      | Feet     |  |
| INDED DENALTY OF BE                          | D IIIDV I UEDEDV ATTE        | COT THAT THE INCODM | ATION CO                                   | NITAINED HED                   | EIN IS TOLIE AND A                                     | CORRECT TO THE RI       | ECT OF MV I | KNOWI E | DOE      |  |
|  |                              | Submit              | ted Ele                                    | ectronicall                    | у  |                         |             |         |          |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:                 | e Tested: Results:  |  |                                | Date Plugged: Date Repaired: Date Put Back in Service: |                         |             |         |          |  |
| Review Completed by:                         |                              |                     | Comi                                       | ments:                         |  |                         |             |         |          |  |
| TA Approved: Yes                             | Denied Date:                 |                     |  |                                |  |                         |             |         |          |  |
|  |                              | Mail to the Ap      | propriate                                  | KCC Conserv                    | vation Office:   |                         |             |         |          |  |
|  |                              | <u>.</u>            | -  |                                |  |                         |             |         |          |  |

| NAME AND DOOR DAY DOOR DAY DOOR DAYS DAYS WARE WARE THE PARTY DAYS   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |  |
|--|--|--------------------|--|
| 1000   1000   1000   1   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |  |
| dies trees trees that the large trees 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

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

November 15, 2016

Katherine McClurkan Merit Energy Company, LLC 13727 Noel Road, Suite 120 Dallas, TX 75240

Re: Temporary Abandonment API 15-187-21096-00-01 WILLIAMS 3-K21-29-39 SW/4 Sec.21-29S-39W Stanton County, Kansas

## Dear Katherine McClurkan:

"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 11/15/2017.

- \* 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 11/15/2017.

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

Very truly yours,

Michael Maier"