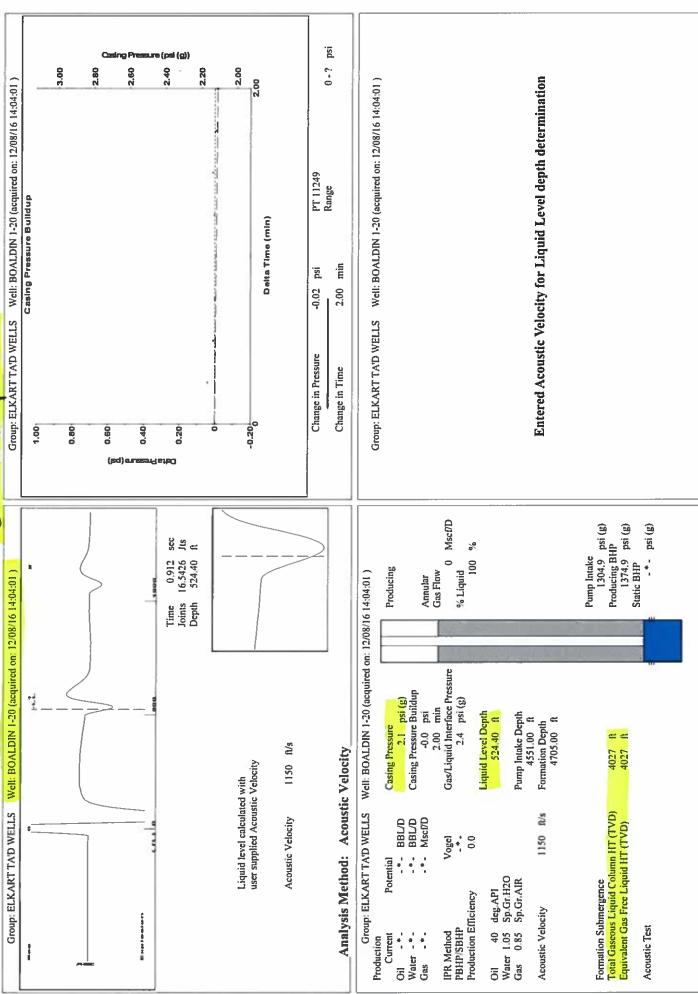
Form CP-111 Oct 2016 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#  |  |                            |                     | API No. 15-        |                        |   |                    |       |  |                                 |  |  |  |
|---|--|----------------------------|---------------------|--------------------|------------------------|---|--------------------|-------|--|---------------------------------|--|--|--|
| Name:   |  |                            |                     | Spot Description:  |                        |   |                    |       |  |                                 |  |  |  |
| Address 1:  |  |                            |                     |                    | · Sec                  | Twp S.                                  | . R                | ]EW   |  |                                 |  |  |  |
| Address 2:  |  |                            |                     |                    |                        | feet from                               |                    |       |  |                                 |  |  |  |
| City:       State:       zip:       +          Contact Person:          |  |                            |                     |                    |                        |   |                    |       |  |                                 |  |  |  |
|   |  |                            |                     |                    |                        |   |                    |       |  | County: Elevation: GL           |  |  |  |
|   |  |                            |                     | Lease Name:        |                        |   |                    |       |  |                                 |  |  |  |
|   |  |                            |                     |                    |                        |   |                    |       |  | Field Contact Person Phone: ( ) |  |  |  |
|   |  |                            |                     |                    |                        |   |                    |       |  |                                 |  |  |  |
|   | 0  | Overfa a a                 | Des                 |                    | l                      | Lines                                   | Tubio              |       |  |                                 |  |  |  |
| Size  | Conductor                                      | Surface                    | Pro                 | oduction           | Intermediate           | Liner                                   | Tubin              | 9     |  |                                 |  |  |  |
| Setting Depth   |  |                            |                     |                    |                        |   |                    |       |  |                                 |  |  |  |
| Amount of Cement  |  |                            |                     |                    |                        |   |                    |       |  |                                 |  |  |  |
| Top of Cement   |  |                            |                     |                    |                        |   |                    |       |  |                                 |  |  |  |
| Bottom of Cement  |  |                            |                     |                    |                        |   |                    |       |  |                                 |  |  |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & G  Depth and Type: | in Hole at(depth)  T. I ALT. II Depth of Size: | No Tools in Hole at        | Ca<br>w / _<br>Inch | sing Leaks:  sacks | Yes No Depti           | h of casing leak(s):<br>Collar: w<br>et |                    |       |  |                                 |  |  |  |
| Formation Name  | Formation                                      | rmation Top Formation Base |                     |                    | Completion Information |   |                    |       |  |                                 |  |  |  |
| 1   | At:  | to Feet                    | Perfo               | ration Interval    | to F                   | eet or Open Hole Inter                  | val to             | Feet  |  |                                 |  |  |  |
| 2   | At:  | to Feet                    | Perfo               | ration Interval -  | to F                   | eet or Open Hole Inter                  | val to             | Feet  |  |                                 |  |  |  |
| IINDED DENALTY OF DE  | O IIIDV I UEBEBV ATTE                          |                            |                     | ctronicall         |                        | OBBECT TO THE BEST                      | T OF MV VAIOMII    | EDOE  |  |                                 |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                            | Date Tested:                                   | Results:                   |                     |                    | Date Plugged:          | Date Repaired: D                        | ate Put Back in Se | vice: |  |                                 |  |  |  |
| Review Completed by:  |  |                            | Comn                | nents:             |                        |   |                    |       |  |                                 |  |  |  |
| TA Approved: Yes  | Denied Date:                                   |                            |                     |                    |                        |   |                    |       |  |                                 |  |  |  |
|   |  | Mail to the App            | ropriate            | KCC Conserv        | vation Office:         |   |                    |       |  |                                 |  |  |  |

| There had been not the lot for the man word many that the  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |  |
|--|--|--------------------|--|
| There has been and be to the same the s | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| *** *** *** *** *** *** *** *** *** **   | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |  |
| Name Name   Name | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.625.0550 |  |



TOTAL WELL MANAGEMENT by ECHOMETER Company

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

December 13, 2016

Katherine McClurkan Merit Energy Company, LLC 13727 Noel Road, Suite 1200 Dallas, TX 75240

Re: Temporary Abandonment API 15-129-21192-00-00 Boadlin 1-20 E/2 Sec.20-35S-43W Morton 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 12/13/2017.
- \* 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 12/13/2017.

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

Very truly yours,

Michael Maier"