1351495

Form CP-111

March 2017

Form must be Typed

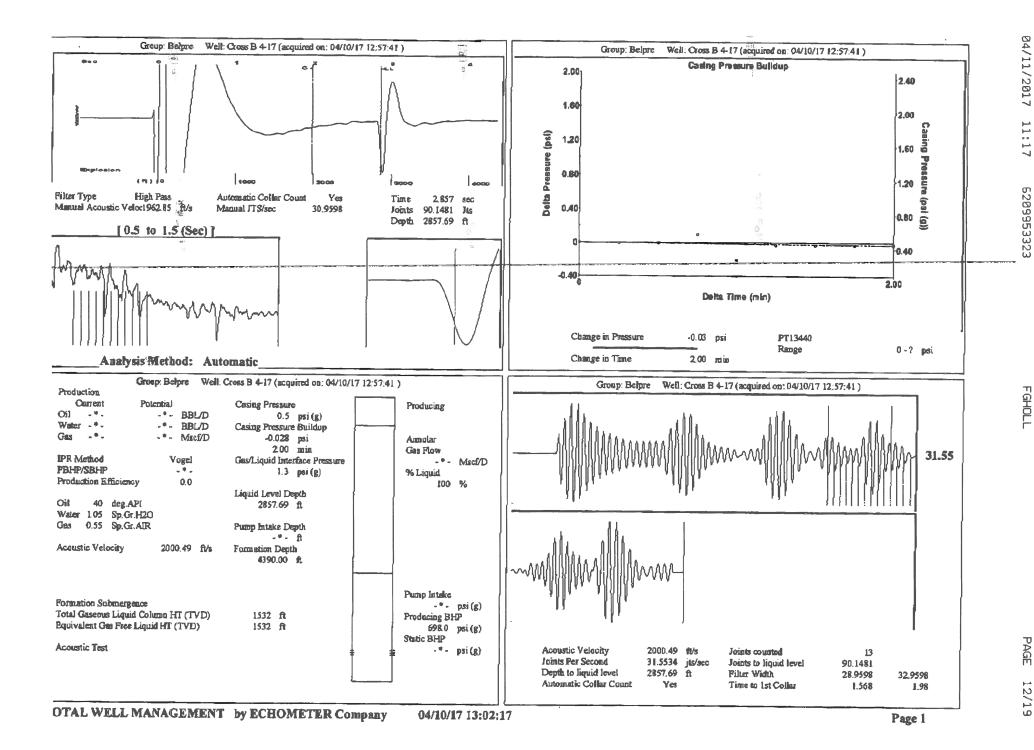
Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                           |                                   |                  |               | API No. 15-                                       |                    |                        |                     |                    |  |
|--|-----------------------------------|------------------|---------------|---|--------------------|------------------------|---------------------|--------------------|--|
| Name:  |                                   |                  |               | Spot Description:                                 |                    |                        |                     |                    |  |
| Address 1:                                   |                                   |                  |               |   | · Sec              | Twp S.                 | . R                 | $E \   \square  W$ |  |
| Address 2:                                   |                                   |                  |               | feet from N / S Line of Section                   |                    |                        |                     |                    |  |
| City:  |                                   |                  |               | feet from E / W Line of Section                   |                    |                        |                     |                    |  |
| Contact Person:                              |                                   |                  |               | GPS Location: Lat:, Long:                         |                    |                        |                     |                    |  |
| Phone:( )                                    |                                   |                  |               |   |                    | Elevation:             | G                   | 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 #:                      |                    |                        |                     |                    |  |
|  |                                   |                  |               |   |                    |                        |                     |                    |  |
|  | Conductor                         | Surface          | Dro           | oduction  | Intermediate       | Liner                  | Tubin               |                    |  |
| Size   | Conductor                         | Surface          | FIC           | Jauction  | memediate          | Lillei                 | Tubin               | 3                  |  |
| Setting Depth                                |                                   |                  |               |   |                    |                        |                     |                    |  |
| Amount of Cement                             |                                   |                  |               |   |                    |                        |                     |                    |  |
| Top of Cement                                |                                   |                  |               |   |                    |                        |                     |                    |  |
| Bottom of Cement                             |                                   |                  |               |   |                    |                        |                     |                    |  |
| Do you have a valid Oil & G  Depth and Type: | in Hole at [  .I  ALT. II Depth o | Tools in Hole at | w / _<br>Inch | Set at:   | s of cement Port ( | Collar: w<br>wt        |                     | of cement          |  |
| Formation Name                               | Formation Top Formation Base      |                  |               | Completion Information                            |                    |                        |                     |                    |  |
| 1  | At:                               | to Feet          | Perfo         | ration Interval                                   | to Fe              | eet or Open Hole Inter | val to              | Feet               |  |
| 2  | At:                               | to Feet          | Perfo         | ration Interval -                                 | to Fe              | eet or Open Hole Inter | val to              | Feet               |  |
| IINDED DENALTY OF DE                         | O ILIDY I LIEDEDY ATTE            |                  |               | ctronicall  |                    | ADDEATTA THE BEST      | T OF MY I/MOMI      | EDGE               |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:                      | sted: Results:   |               |   | Date Plugged:      | Date Repaired: D       | ate Put Back in Ser | vice:              |  |
| Review Completed by:                         |                                   |                  | Comn          | nents:  |                    |                        |                     |                    |  |
| TA Approved: Yes                             | Denied Date:                      |                  |               |   |                    |                        |                     |                    |  |
|  |                                   | Mail to the App  | ropriate      | KCC Conserv                                       | ation Office:      |                        |                     |                    |  |

| these had been not take the and from home and was been been  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The second of th | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |
| Size State S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Sam Brownback, Governor

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

April 18, 2017

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

Re: Temporary Abandonment API 15-047-21463-00-00 CROSS W.B. B 4-17 SE/4 Sec.17-24S-17W 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 04/18/2018.

- \* 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 04/18/2018.

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

Very truly yours,

Michael Maier"