1355211

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:                                   |                       |                     |                       |                                 | Se             | c Tv         | vp S. R.            |                 | E W       |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| Address 2:                                   |                       |                     |                       | feet from N / S Line of Section |                |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
|  |                       |                     |                       | feet from E / W Line of Section |                |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
|  |                       |                     |                       | GPS Location: Lat:              |                |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
|  |                       |                     |                       |                                 |                |              |                     |                 |           |  | Field Contact Person Phone: ( ) |           |         |     |          | SWD Permit #: ENHR Permit #: |    |       |        |   |  |  |
|  |                       |                     |                       |                                 |                |              |                     |                 |           |  |                                 |           |         |     |          | Gas Storage Permit #:        |    |       |        |   |  |  |
|  |                       |                     |                       |                                 |                |              |                     |                 |           |  |                                 | Conductor | Surface | Pro | oduction | Intermedia                   | te | 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 / <sub>_</sub> Inch | sack                            | s of cement    | Port Collar: |                     |                 | of cement |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| Formation Name Formation Top Formation Base  |                       |                     |                       | Completion Information          |                |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| 1  | At:                   | to Feet             | Perfo                 | ration Interval                 | to             | Feet or O    | pen Hole Interval_  | to              | Feet      |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| 2  | At:                   | to Feet             | Perfo                 | ration Interval                 | to             | Feet or O    | pen Hole Interval _ | to              | Feet      |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| IINDED DENALTY OF DE                         | D IIIDV I UEDEDV ATTE |                     |                       | ectronical                      |                | ID CODDECT   | TO THE BEST OF      | RAV IZBIOLAJI E | :DOE      |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:          | Re                  | esults:               |                                 | Date Plugge    | ed: Date R   | epaired: Date P     | ut Back in Serv | /ice:     |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| Review Completed by:                         |                       |                     | Comr                  | nents:                          |                |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
| TA Approved: Yes                             | Denied Date:          |                     |                       |                                 |                |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
|  |                       | Mail to the App     | ropriate              | KCC Conser                      | vation Office: |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |
|  |                       |                     |                       |                                 |                |              |                     |                 |           |  |                                 |           |         |     |          |                              |    |       |        |   |  |  |

## KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801

| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--------------------|
| 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 |
| KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

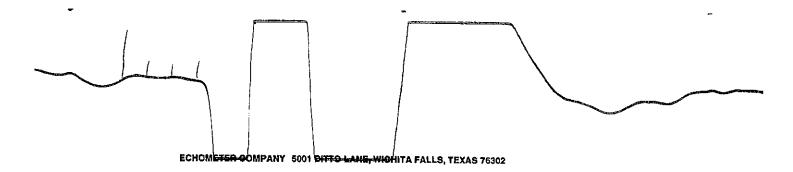




ECHOMETER COMPANY 5001 DITTO LANE, WICH



fITA FALLS, TEXAS 76302



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



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Sam Brownback, Governor

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

June 02, 2017

Nick Ahlerich Murfin Drilling Co., Inc. 250 N WATER STE 300 WICHITA, KS 67202-1216

Re: Temporary Abandonment API 15-039-21017-00-00 Green O'Brien 2-19 SW/4 Sec.19-05S-29W Decatur County, Kansas

## Dear Nick Ahlerich:

"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 06/02/2018.

- \* 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 06/02/2018.

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

Very truly yours,

**RICHARD WILLIAMS"**