KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION** 

1360718 Form must be Typed

Form CP-111 March 2017

Form must be signed

All blanks must be complete

**TEMPORARY ABANDONMENT WELL APPLICATION** 

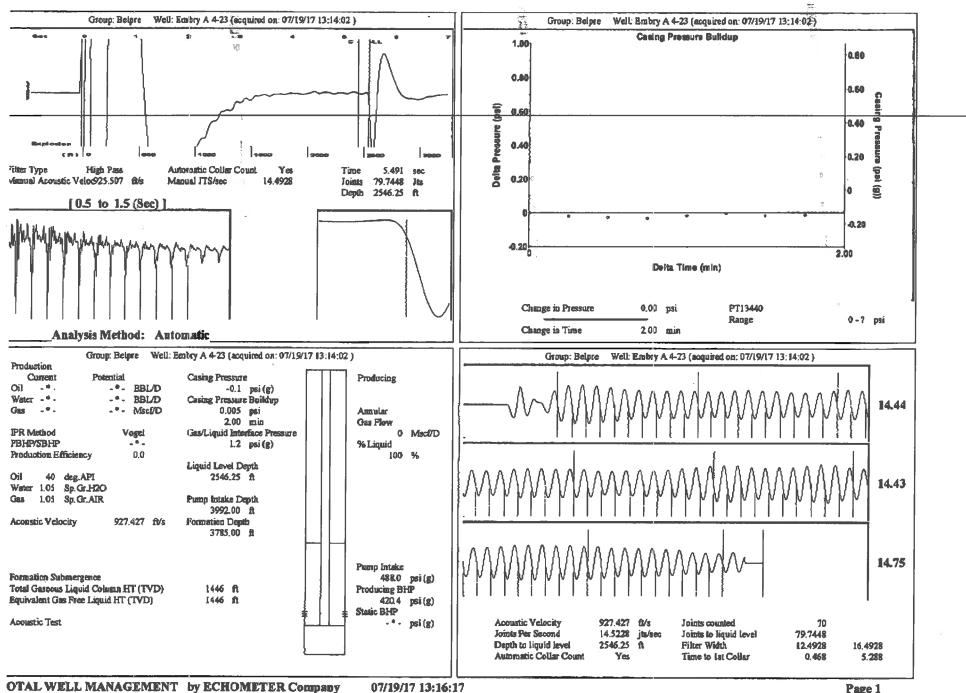
| OPERATOR: License#<br>Name: |                              |             |              |         | API No. 15 Spot Description:                                 |                  |             |                  |           |       |           |
|-----------------------------|------------------------------|-------------|--------------|---------|--|------------------|-------------|------------------|-----------|-------|-----------|
|                             |                              |             |              |         |  |                  |             |                  |           |       |           |
| Address 1:                  |                              |             |              |         | <u> </u>   | Se               | ec          | _ Twp            | _ S. R    |       | E W       |
| Address 2:                  |                              |             |              |         |  |                  |             |                  |           |       |           |
| City:                       | State:                       | Zip:        | +            |         |  |                  |             |                  |           |       |           |
| Contact Person:             |                              |             |              |         | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |                  |             |                  |           |       |           |
|                             |                              |             |              |         | County: Elevation: GL KB                                     |                  |             |                  |           |       |           |
| Contact Person Email:       |                              |             |              |         |  | e:               |             |                  |           |       |           |
| Field Contact Person:       |                              |             |              |         | Well Type: (   | check one) 🗌 (   | Dil 🗌 Gas   | OG WS            | W O       | her:  |           |
| Field Contact Person Phone  | e: ( )                       |             |              |         | SWD Permit #: ENHR Permit #:                                 |                  |             |                  |           |       |           |
|                             | ()                           |             |              |         |  | rage Permit #: _ |             |                  |           |       |           |
|                             |                              |             |              |         | Spud Date:   |                  |             | _ Date Shut-I    | n:        |       |           |
|                             | Conductor                    | Surfa       | ace          | Proc    | uction   | Intermedia       | ate         | Liner            |           | Tubir | ng        |
| Size                        |                              |             |              |         |  |                  |             |                  |           |       |           |
| Setting Depth               |                              |             |              |         |  |                  |             |                  |           |       |           |
| Amount of Cement            |                              |             |              |         |  |                  |             |                  |           |       |           |
| Top of Cement               |                              |             |              |         |  |                  |             |                  |           |       |           |
| Bottom of Cement            |                              |             |              |         |  |                  |             |                  |           |       |           |
| Casing Fluid Level from Su  | face:                        |             | How Deter    | rmined? |  |                  |             |                  | Date      | :     |           |
| Casing Squeeze(s):          | to w                         |             | sacks of cem | ent,    | to   | (bottom) w / _   |             | sacks of ceme    | ent. Date | 9:    |           |
| Do you have a valid Oil & G | as Lease? Yes                | No          |              |         |  |                  |             |                  |           |       |           |
| Depth and Type: Unk         | in Hole at                   | Tools in Ho | le at        | Cas     | ng Leaks:  | Yes No           | Depth of ca | asing leak(s): _ |           |       |           |
| Type Completion:            |                              |             |              |         |  |                  |             |                  |           |       | of cement |
| Packer Type:                |                              |             | ,            |         |  |                  |             | (aeptn)          |           |       |           |
| Total Depth:                | Plug Back Depth: I           |             |              | P       | Plug Back Method:  |                  |             |                  |           |       |           |
| Geological Date:            |                              |             |              |         |  |                  |             |                  |           |       |           |
| Formation Name              | Formation Top Formation Base |             |              |         | Completion Information                                       |                  |             |                  |           |       |           |
|                             | At:                          | to          | Feet         | Perfora | ation Interval _   | to               | Feet or     | r Open Hole Ir   | nterval_  | to    | Feet      |
| 1                           |                              |             |              |         |  |                  |             |                  |           |       |           |

Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 De                      | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Num     Num <th>KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801</th> <th>Phone 620.682.7933</th> | 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 |

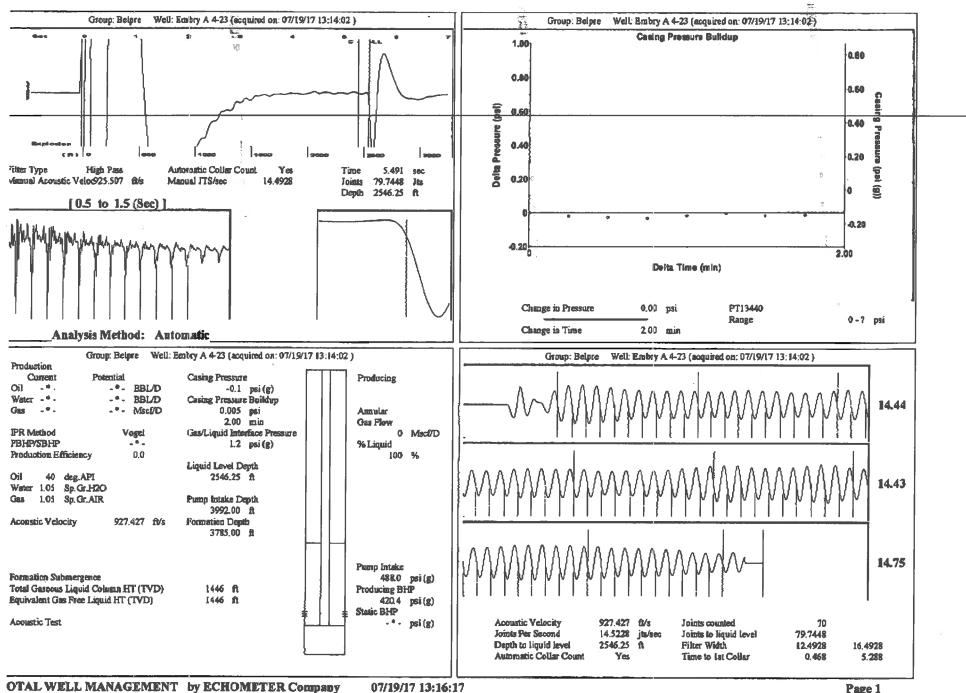


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Phone: 620-682-7933 http://kcc.ks.gov/

Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner Sam Brownback, Governor

July 25, 2017

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

Re: Temporary Abandonment API 15-047-20944-00-00 EMBRY - A 4-23 NW/4 Sec.23-24S-16W 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 07/25/2018.

\* 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 07/25/2018.

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

Very truly yours,

Michael Maier"