1365962

Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed

All blanks must be complete

| OPERATOR: License#                                 |                    |                    |             | API No. 15        |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
|--|--------------------|--------------------|-------------|-------------------|--|---------------------------|-------------|-----------|------|-----------------------|--|--|--|---|--|--|--|--|--|
| Name:  |                    |                    |             | Spot Description: |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Address 1:   |                    |                    |             |                   | Sec.   | Twp                       | S. R        |           | E W  |                       |  |  |  |   |  |  |  |  |  |
| Address 2:   |                    |                    |             |                   |  | feet from                 | = =         | =         |      |                       |  |  |  |   |  |  |  |  |  |
| City:       State:       +         Contact Person: |                    |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
|  |                    |                    |             |                   |  |                           |             |           |      | Contact Person Email: |  |  |  | Lease Name: Well #:   |  |  |  |  |  |
|  |                    |                    |             |                   |  |                           |             |           |      | Field Contact Person: |  |  |  | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  ENHR Permit #: |  |  |  |  |  |
| ,  |                    |                    |             |                   | Gas Storage Permit #:                                  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
|  |                    |                    |             | Spud Date:        |  | Date Shut                 | -In:        |           |      |                       |  |  |  |   |  |  |  |  |  |
|  | Conductor          | Surface            | Pr          | oduction          | Intermediate   | Liner                     |             | Tubing    | J    |                       |  |  |  |   |  |  |  |  |  |
| Size   |                    |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Setting Depth                                      |                    |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Amount of Cement                                   |                    |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Top of Cement                                      |                    |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Bottom of Cement                                   |                    |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Depth and Type:                                    | ALT. II Depth of   | f: DV Tool:(depth) | w /<br>Inch | Set at:           | s of cement Po   | rt Collar:(depth)<br>Feet |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Formation Name                                     | Formation -        | Top Formation Base |             |                   | Comple   | tion Information          |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| 1  |                    | to Feet            | Porfo       | aration Interval  | •  | Feet or Open Hole         | Interval    | to        | Foot |                       |  |  |  |   |  |  |  |  |  |
| 2  |                    | to Feet            |             |                   |  | Feet or Open Hole         |             |           |      |                       |  |  |  |   |  |  |  |  |  |
|  | At                 | 10 1 661           | T GITC      | nation interval   | 10   | Teet of Open Hole         | interval —— | 10        |      |                       |  |  |  |   |  |  |  |  |  |
| INDED DENALTY OF DEE                               | NIIDVI HEDEDV ATTE |                    |             | ctronically       |  | CORRECTTO THE             | DECT OF MAN | / KNOW! E | :DCE |                       |  |  |  |   |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY       | Date Tested:       | Fested: Results:   |             |                   | Date Plugged: Date Repaired: Date Put Back in Service: |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| Review Completed by:                               |                    |                    | Comr        | nents:            |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
| TA Approved: Yes                                   | Denied Date:       |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
|  |                    | Mail to the App    | ropriate    | KCC Conserv       | ration Office:   |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |
|  |                    |                    |             |                   |  |                           |             |           |      |                       |  |  |  |   |  |  |  |  |  |

| States States from those their took and States belongs that many their laws  | 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 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |  |
| Similar Date   See   See | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |  |

TOTAL WELL MANAGEMENT by ECHOMETER Company

09/06/17 07:15:55

Page 1

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

September 06, 2017

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

Re: Temporary Abandonment API 15-081-20957-00-00 Victory Morrow Lansing Unit 303S SW/4 Sec.28-30S-33W Haskell 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 09/06/2018.

- \* 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 09/06/2018.

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

Very truly yours,

Michael Maier"