



TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

Mail to the Appropriate KCC Conservation Office:

	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
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 - 187 - 20446-00-01

DOCKET # D-30,068.0

SE NE NE, Sec 26, T 29 S, R 39 E

4179 (4190) Feet from South Section Line
622 (1632) Feet from East Section Line

Lease JA GALDARISI Well # 1-26
 County STANTON

Operator: MERIT ENERGY CO. LLC
 Name &
 Address 13721 NOEL RD, STE 1200
DALLAS, TX 75240

Operator License # 32446
 Contact Person Cory Brown
 Phone 307-247-5320

Max. Auth. Injection Press. 150 psi; Max. Inj. Rate 2500 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at	_____	<u>8 5/8"</u>	<u>4 1/2"</u>	_____	_____	_____
Cement Top	_____	<u>1760'</u>	<u>5885'</u>	_____	Set at	_____
" Bottom	_____	<u>0</u>	<u>4000'</u>	_____	Type	_____
		<u>1760'</u>	<u>5885'</u>			

DV/Perf. 3077 w/4505x TOC@2050 TD (and plug back) 5902 (5850) ft. depth
 Packer type _____ Size _____ Set at _____
 Zone of injection St. Louis ft. to ft. 5698-5714 Perf. or open hole Perf

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

I Pressures: 300 300 300 Set up 1 System Pres. during test 0

L Set up 2 Annular Pres. during test 300

D Set up 3 Fluid loss during test 0 bbls.

D Tested: Casing or Casing - Tubing Annulus

A The bottom of the tested zone is shut in with ACIBP

Test Date 10/2/17 Using CHAOSLAND SERVICES Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5650 feet was the zone tested

Cory Brown Signature Foreman Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Kenny Sullivan Title GS Witness: Yes No _____

REMARKS: SET CIBP @ 5650'. WELL IS SHUT IN AND NOT IN USE, NEEDS TO BE TA'D.

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update

37.50149
-101.54649

COPY

KCC Form U-7 6/84

GPS entered

10/31/17

October 10, 2017

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

Re: Temporary Abandonment
API 15-187-20446-00-01
J.A. Galdarisi SWD 1-26
NE/4 Sec.26-29S-39W
Stanton 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 10/10/2018.

- * 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 10/10/2018.

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

Very truly yours,

Michael Maier"