1370379

Form CP-111 July 2017 Form must be Typed

## **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 N / S Line of Section              |                    |                         |                      |           |  |
| City: State: Zip: +                          |   |                           |               | feet from L E / L W Line of Section          |                    |                         |                      |           |  |
| Contact Person:                              |   |                           |               | GPS Location: Lat:, Long:, Long:             |                    |                         |                      |           |  |
| Phone:( )                                    |   |                           |               | County: Elevation: GL 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 #:    |                         |                      |           |  |
|  | Conductor                                   | Surface                   | Pro           | oduction                                     | Intermediate       | Liner                   | Tubing               | 9         |  |
| Size   |   |                           |               |  |                    |                         |                      |           |  |
| Setting Depth                                |   |                           |               |  |                    |                         |                      |           |  |
| Amount of Cement                             |   |                           |               |  |                    |                         |                      |           |  |
| Top of Cement                                |   |                           |               |  |                    |                         |                      |           |  |
| Bottom of Cement                             |   |                           |               |  |                    |                         |                      |           |  |
| Do you have a valid Oil & G Depth and Type:  | in Hole at(depth)  T. I ALT. II Depth Size: | Tools in Hole at          | w / _<br>Inch | sack   | s of cement Port C | Collar:<br>(depth)<br>t |                      | of cement |  |
| Geological Date: Formation Name              | Formation                                   | Ton Formation Book        |               |  | Completion         | Information             |                      |           |  |
|  |   | Top Formation Base to Fee | t Porfo       | ration Interval                              | toFe               | Information             | orval to             | Foot      |  |
| 2  |   | to Fee                    |               |  |                    |                         |                      |           |  |
| LINDED DENALTY OF BEI                        | O IIIDV I LIEDEDV ATTI                      | Submitt                   |               | ectronicall                                  |                    | ABBEATTA THE BEA        | CT OF MV I/MOM/I     | EDCE      |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:                                | Date Tested: Results:     |               |  | Date Plugged:      | Date Repaired:          | Date Put Back in Ser | vice:     |  |
| Review Completed by:                         |   |                           | Comn          | nents:                                       |                    |                         |                      |           |  |
| TA Approved: Yes                             | Denied Date:                                |                           |               |  |                    |                         |                      |           |  |
|  |   | Mail to the App           | propriate     | KCC Conserv                                  | vation 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 contract of the contract o | 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 |

TOTAL WELL MANAGEMENT by ECHOMETER Company

10/31/17 12:09:12

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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

November 07, 2017

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

Re: Temporary Abandonment API 15-081-20223-00-00 Hall K 6 NW/4 Sec.05-29S-34W 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 11/07/2018.

- \* 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 11/07/2018.

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

Very truly yours,

Michael Maier"