



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

DOCKET # D-2504

Disposal Enhanced Recovery:

SW S₂ SE 17, T 32 S, R 32 E

Repressuring

1660 (1639) Feet from South Section Line

Flood

1660 (1682) Feet from East Section Line

Tertiary

Date injection started

Lease N/A Well # 44-17

API #15 - 175 - 20722-00-01

County SEWARD

Operator: OX4 USA, INC

Operator license # 5447

Name & Address PO Box 27570

Contact Person JAKE STATTEN

Houston TX 77227

Phone 670-482-1389

Max. Auth. Injection Press. 500 psi; Max. Inj. Rate 500 bbl/d;

Injection below production

If Dual Completion - Injection above production

Conductor 20"

Production 5 1/2"

Liner

Size 20"

Surface 838"

Production 5 1/2"

Liner

Size 2 3/8"

Set at 56'

Cement top 0

Production 3700'

Liner

Set at 4261'

" Bottom 20"

Production 1695'

Production 3700'

Liner

Type SEALTEC

DV/Perf.

Production 1695'

Production 3700'

Liner

Set at 4261'

Packer type BAVING LOC-SET

TD (and plug back) 1080 (4405)

ft. deg

Zone of injection LANSING ft. to ft. 4357-605

Perf. or open hole TECF

ft. deg

Type Mlt: Pressure Radioactive Tracer Survey Temperature Survey

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

E Pressures: 300 300 300 Set up 1 System Pres. during test YAC

D Set up 2 Annular Pres. during test 300

A Set up 3 Fluid loss during test 0 bbl

T Tested: Casing or Casing - Tubing Annulus

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

D Test Date 7/11/13 using Nichols Fluid Service Company's Equipment

T The operator hereby certifies that the zone between 0 feet and 4261 fe

A was the zone tested X Signature [Signature] Title

The results were Satisfactory Marginal Not Satisfactory

State Agent Kenny Silval Title PIST T Witness: Yes No

REMARKS: 5-YEAR RETEST

Origin. Conservation Div.;

KDMF/T;

Dist. Office;

COPY

Computer Update

37.25962

KCC Form U-7 6/

GPS entered

100.81821

November 21, 2017

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

Re: Temporary Abandonment
API 15-175-20722-00-01
N K 44-17
SE/4 Sec.17-32S-32W
Seward 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 11/21/2018.

- * 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 11/21/2018.

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

Very truly yours,

Michael Maier"