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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

Address 1:	OPERATOR: License#				API No. 15-						
State   Zip	Name:										
	Address 1:					Sec.	T\	vp S	i. R	[ E	:w
State   Zip:	Address 2:							=	=		
Contact Person:	City:	State:	feet from L E / L W Line of Section								
Phone:(		GPS Location: Lat:, Long:									
Lease Name:								□GL	∏ KB		
Well Type: (check one)   Oil   Gas   OG   WSW   Other:   SWD Permit #:   SND Date Shut-in:   SND Date Shut-i	,										
SWD Permit #:			Well Type: (check one)								
Gas Storage Permit #:									ermit #:		
Conductor   Surface   Production   Intermediate   Liner   Tubir	ricia comacti cisoni i none	()									
Size  Setting Depth  Amount of Cement  Top of Cement  Bottom of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cemen					Spud Date:		[	Date Shut-In: _			
Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:		Conductor	Surface	Pro	oduction	Intermediate		Liner		Tubing	
Amount of Cement  Top of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement, (top) to (bottom) w/ sacks of cement. Date: Do you have a valid Oil & Gas Lease? Yes No Depth and Type: Junk in Hole at (depth) Tools in Hole at (depth) W/ sacks of cement Port Collar: (depth) w/ sacks of cement Port Collar: Feet  Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) W/ sacks of cement Port Collar: (depth) W/ sacks of cement Port Collar: Feet  Total Depth: Plug Back Depth: Plug Back Method:  Geological Date:  Formation Name Formation Top Formation Base Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Submitted Electronically  Submitted Electronically	Size										
Top of Cement  Bottom of Cement  Casing Fluid Level from Surface:	Setting Depth										
Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement, (top) to (bottom) w/ sacks of cement. Date: Do you have a valid Oil & Gas Lease? Yes No Depth and Type: Junk in Hole at (depth) Tools in Hole at (depth) Size: No Depth of casing leak(s): Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) w/ sacks of cement Port Collar: w/ sacks of cement Port Collar: w/ sacks of cement Port Collar: W/ sacks Type: Size: Inch Set at: Feet  Total Depth: Plug Back Depth: Plug Back Method: Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Submitted Electronically  Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in See	Amount of Cement										
Casing Fluid Level from Surface:	Top of Cement										
Casing Squeeze(s):	Bottom of Cement										
Submitted Electronically  Do NOT Write in This  Date Tested:  Results:  Date Plugged:  Date Repaired:  Date Put Back in Se	Depth and Type:	n Hole at	Tools in Hole at	w / Inch	sacks Set at:	of cement Po	rt Collar: Feet  tion Informa	(depth) W	v /	sack of	
Submitted Electronically  Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Se	2	At:	to Fee	t Perfo	ration Interval _	to	Feet or O	pen Hole Inter	rval	to	Feet
	Do NOT Write in This	Date Tested:	Submitt	ted Ele		<i>'</i>					
Review Completed by: Comments:	Review Completed by:			Comm	nents:						
TA Approved: Yes Denied Date:	TA Approved: Yes										

### 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
The contract of the contract o	KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
Sime Street Service State Stat	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

## STATE OF KANSAS

Corporation Commission Conservation Division District No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

# $Governor\ Jeff\ Colyer,\ M.D.$ Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Dwight D. Keen, Commissioner

November 20, 2018

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

Re: Temporary Abandonment API 15-185-22907-00-02 YOUNG OWWO 2-19 NW/4 Sec.19-24S-15W Stafford 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 11/20/2019.

- \* 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 11/20/2019.

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

Very truly yours,

Michael Maier"