July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

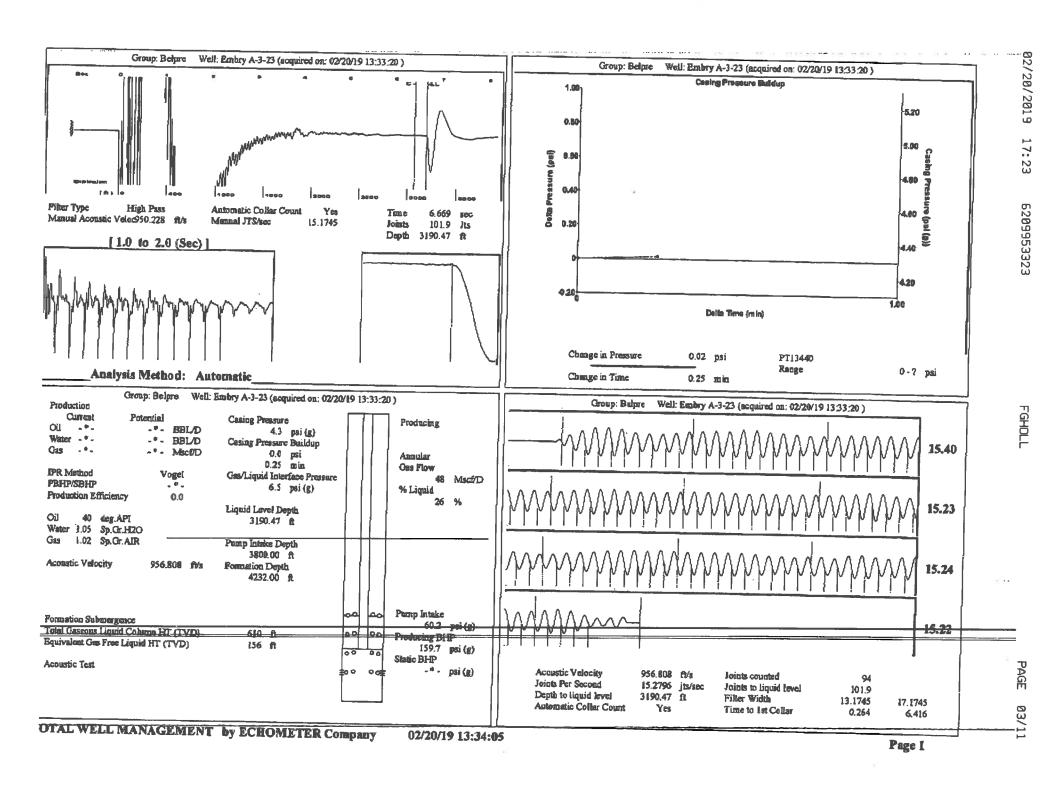
Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#                                                       |                    |                                             |               | AP           | l No. 15-                                                                |               |                   |                                  |               |           |
|--------------------------------------------------------------------------|--------------------|---------------------------------------------|---------------|--------------|--------------------------------------------------------------------------|---------------|-------------------|----------------------------------|---------------|-----------|
| Name:                                                                    |                    |                                             |               |              | Spot Description:                                                        |               |                   |                                  |               |           |
|                                                                          |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
|                                                                          |                    |                                             |               |              |                                                                          |               | feet fro          |                                  |               | f Section |
| City:                                                                    |                    |                                             |               |              | GPS Location: Lat:, Long:                                                |               |                   |                                  |               |           |
| Contact Person:                                                          |                    |                                             |               |              | Datum:    NAD27    NAD83    WGS84      County:    Elevation:    GL    KB |               |                   |                                  |               |           |
| Phone:( )                                                                |                    |                                             |               |              | -                                                                        |               |                   |                                  |               |           |
| Contact Person Email:                                                    |                    |                                             |               |              | Lease Name:                                                              |               |                   |                                  |               |           |
| Field Contact Person:                                                    |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Field Contact Person Phone: ( )                                          |                    |                                             |               |              | Gas Storage Permit #:                                                    |               |                   |                                  |               |           |
|                                                                          |                    |                                             |               |              |                                                                          | -             | Date Sh           | nut-In:                          |               |           |
|                                                                          | Conductor          | Surfa                                       | ce            | Production   | n                                                                        | Intermediate  | e Lir             | ner                              | Tubing        | ı         |
| Size                                                                     |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Setting Depth                                                            |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Amount of Cement                                                         |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Top of Cement                                                            |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Bottom of Cement                                                         |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Casing Fluid Level from Surf                                             | face:              |                                             | _ How Deter   | rmined?      |                                                                          |               |                   | Da                               | ıte:          |           |
| Casing Squeeze(s):                                                       | to w               | /                                           | sacks of ceme | ent,         | to                                                                       | w /           | sacks of o        | cement. Da                       | nte:          |           |
| Do you have a valid Oil & Ga                                             |                    |                                             |               | (***)        | `                                                                        | ,             |                   |                                  |               |           |
| •                                                                        |                    |                                             |               |              |                                                                          | lv 🗆 v 🏊      |                   |                                  |               |           |
| Depth and Type:                                                          |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Type Completion: ALT.                                                    | I ALT. II Depth    | of: DV Too                                  | l:<br>(depth) | w/           | sacks                                                                    | of cement P   | ort Collar:       | w / _                            | sack o        | of cement |
| Packer Type: Size: Inch                                                  |                    |                                             |               |              | Set at: Feet                                                             |               |                   |                                  |               |           |
| Total Depth:                                                             | Plug Back Depth:   |                                             |               | Plug Ba      | Plug Back Method:                                                        |               |                   |                                  |               |           |
| Geological Date:                                                         |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Formation Name Formation Top Formation Base                              |                    |                                             |               |              |                                                                          | Comple        | etion Information |                                  |               |           |
| 1                                                                        | At:                | At: to Feet                                 |               | •            |                                                                          |               |                   | eet or Open Hole Interval toFeet |               |           |
| 2                                                                        |                    | to                                          |               |              |                                                                          |               | Feet or Open Ho   |                                  |               |           |
|                                                                          |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| IINDED BENALTY OF BED                                                    | IIIDV I UEDEDV ATT |                                             |               |              |                                                                          |               | COBBECTTOTH       | IE BEST A                        | E MV IZNOMI E | -DCE      |
|                                                                          |                    | 5                                           | Submitte      | d Electro    | nically                                                                  | /             |                   |                                  |               |           |
|                                                                          |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Do NOT Write in This Date Tested: Results:                               |                    |                                             |               | ults:        | Date Plugged: Date Repaired: Date Put Back in Service:                   |               |                   |                                  |               |           |
| Space - KCC USE ONLY                                                     |                    |                                             |               |              |                                                                          |               |                   |                                  |               |           |
| Review Completed by:                                                     |                    |                                             |               | _ Comments:  |                                                                          |               |                   |                                  |               |           |
| TA Approved: Yes                                                         | Denied Date:       |                                             |               |              |                                                                          |               |                   |                                  |               |           |
|                                                                          |                    | Mail t                                      | o the Appro   | priate KCC ( | Conserv                                                                  | ation Office: |                   |                                  |               |           |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |                    |                                             |               |              |                                                                          |               |                   |                                  | Phone 620.68  | 2.7933    |
| 1 1 1 1 1 1 1 1                                                          |                    | KCC District Office #2 - 3450 N. Rock Road, |               |              |                                                                          |               |                   |                                  |               | 37.7400   |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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



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



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

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner

February 26, 2019

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

Re: Temporary Abandonment API 15-047-20878-00-01 EMBRY A 3-23 NW/4 Sec.23-24S-16W Edwards 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 02/26/2020.

- \* 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 02/26/2020.

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

Very truly yours,

Michael Maier"