## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#          |                   |                 |                | API No. 15-        |                   |                            |                 |         |            |      |
|-----------------------------|-------------------|-----------------|----------------|--------------------|-------------------|----------------------------|-----------------|---------|------------|------|
| Name:                       |                   |                 |                | Spot Descrip       | Spot Description: |                            |                 |         |            |      |
| Address 1:                  |                   |                 |                |                    | Se                | ec Tv                      | vp S.           | R       |            | E    |
| Address 2:                  |                   |                 |                |                    |                   | 1                          |                 |         |            |      |
| City: State: Zip: +         |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Contact Person:             |                   |                 |                |                    |                   | e.g. xx.xxxxx)<br>AD83 WGS | , Long:         | (e.g)   | (XX.XXXXX) |      |
| Phone:()                    |                   |                 |                |                    |                   | Elevation:                 |                 |         | GL         | КВ   |
| Contact Person Email:       |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Field Contact Person:       |                   |                 |                | Well Type: (d      | check one) 🗌      | Oil Gas C                  | DG 🗌 WSW [      | Other:  |            |      |
| Field Contact Person Phon   |                   |                 |                | SWD Pe             | rmit #:           |                            | ENHR Pe         | rmit #: |            |      |
|                             |                   |                 |                |                    | 0                 |                            |                 |         |            |      |
|                             |                   |                 |                | Spud Date:_        |                   | C                          | Date Shut-In: _ |         |            |      |
|                             | Conductor         | Surfac          | e P            | roduction          | Intermedi         | iate                       | Liner           |         | Tubing     |      |
| Size                        |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Setting Depth               |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Amount of Cement            |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Top of Cement               |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Bottom of Cement            |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Casing Fluid Level from Su  | rface.            |                 | How Determined | 2                  |                   |                            |                 | Date:   |            |      |
| Casing Squeeze(s):          |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Do you have a valid Oil & O | as Lease? 🗌 Yes 🛛 | No              |                |                    |                   |                            |                 |         |            |      |
| Depth and Type: 🗌 Junk      | in Hole at        | Tools in Hole   | at C           | asing Leaks:       | Yes 🗌 No          | Depth of casin             | g leak(s):      |         |            |      |
| Type Completion:            |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Packer Type:                |                   |                 |                |                    |                   |                            | (depth)         |         |            |      |
|                             | Plug B            | ack Depth:      |                | Plug Back Metho    | od:               |                            |                 |         |            |      |
| Total Depth:                |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Total Depth:                |                   |                 |                |                    |                   |                            |                 |         |            |      |
| ·                           | -                 | n Top Formatior | n Base         |                    | Com               | pletion Informa            | tion            |         |            |      |
| Geological Date:            | Formation         | •               |                | oration Interval _ |                   | •                          |                 | val     | _ to       | Feet |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 De                      | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Norm forthe last and rate and and forthe barry and work for any  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| Norm <td< th=""><td>KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.337.7400</td></td<>  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| 1  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| State <th< th=""><td>KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651</td><td>Phone 785.261.6250</td></th<> | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

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

March 20, 2019

mb MSG Resources Inc. 971 1400TH ST IOLA, KS 66749-3942

Re: Temporary Abandonment API 15-133-19875-00-00 SMITH-JOHNSON JOH28 NW/4 Sec.23-28S-20E Neosho County, Kansas

Dear mb:

"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 03/20/2020.

\* 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 03/20/2020.

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

Very truly yours,

Russell Hine"