KOLAR Document ID: 1456234

Kansas Corporation Commission Oil & Gas Conservation Division

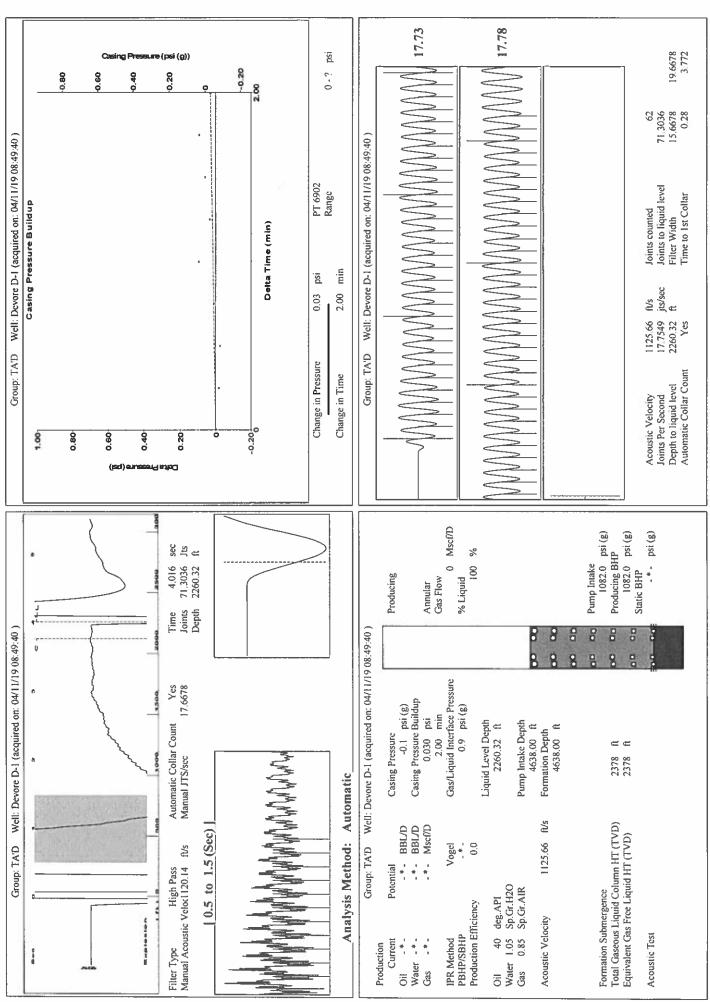
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                            |                                   |                                     |            | API No. 15-                     |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
|---|-----------------------------------|-------------------------------------|------------|---------------------------------|------------------|-------------------|-----------------|------------|--|-----------------------------|-----------|---------|-----|---|--------------|-------|--------------|--------|--|
| Name:   |                                   |                                     |            | Spot Descri                     | ption:           |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Address 1:                                    |                                   |                                     |            | <u> </u>                        | Sec              | Twp               | S. R            | 🗌 E 🔲 W    |  |                             |           |         |     |   |              |       |              |        |  |
| Address 2:                                    |                                   |                                     |            | feet from N / S Line of Section |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
|   |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
|   |                                   |                                     |            |                                 |                  |                   |                 |            |  | Field Contact Person:       |           |         |     | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |              |       |              |        |  |
|   |                                   |                                     |            |                                 |                  |                   |                 |            |  | Field Contact Person Phone: |           |         |     | SWD Pe  | ermit #:     | ENF   | IR Permit #: |        |  |
|   |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             | Conductor | Surface | Pro | oduction  | Intermediate | Liner |              | Tubing |  |
| Size  |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Setting Depth                                 |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Amount of Cement                              |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Top of Cement                                 |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Bottom of Cement                              |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Do you have a valid Oil & Ga  Depth and Type: | Hole at [  ALT. II Depth    Size: | Tools in Hole at(conf: DV Tool:(dep | oth) w / _ | Set at:                         | s of cement Port | Collar:(depth)    |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Total Depth:                                  | Plug Ba                           | ck Depth:                           |            | Plug Back Metho                 | od:              |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Geological Date:                              |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| Formation Name                                | Formation                         | Top Formation Base                  |            |                                 | Completion       | on Information    |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| 1   | At:                               | to Fe                               | eet Perfo  | ration Interval _               | to I             | Feet or Open Hole | Interval        | toFeet     |  |                             |           |         |     |   |              |       |              |        |  |
| 2   | At:                               | to Fe                               | eet Perfo  | ration Interval _               | to I             | Feet or Open Hole | Interval        | toFeet     |  |                             |           |         |     |   |              |       |              |        |  |
| IINDED DENALTY OF BED                         | IIIDV I LIEDEDV ATTE              |                                     |            | ectronically                    |                  | PARREATTA THE     | DECT OF MV      | KNOWI EDGE |  |                             |           |         |     |   |              |       |              |        |  |
| Do NOT Write in This<br>Space - KCC USE ONLY  | Date Tested: Results:             |                                     |            | Date Plugged:                   | Date Repaired:   | Date Put B        | ack in Service: |            |  |                             |           |         |     |   |              |       |              |        |  |
| Review Completed by:                          |                                   |                                     | Comn       | nents:                          |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| TA Approved: Yes                              | Denied Date:                      |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |
| <u> </u>                                      |                                   |                                     |            |                                 |                  |                   |                 |            |  |                             |           |         |     |   |              |       |              |        |  |

## Mail to the Appropriate KCC Conservation Office:

| Street State Case was take the and hard being made were the large  | 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 |
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Size that the first part of the part of the the the part of the pa | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



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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/

Laura Kelly, Governor

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

May 07, 2019

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

Re: Temporary Abandonment API 15-055-22194-00-01 DeVore D 1 NW/4 Sec.27-26S-33W Finney 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 05/07/2020.

- \* 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 05/07/2020.

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

Very truly yours,

Michael Maier"