KOLAR Document ID: 1465399

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CF-111 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

|  |                       |  |               | I  |                         |                       |                           |
|--|-----------------------|--|---------------|--|-------------------------|-----------------------|---------------------------|
| OPERATOR: License#   |                       |  |               | API No. 15-  |                         |                       |                           |
| Name:  |                       |  |               | Spot Description:  |                         |                       |                           |
| Address 1:   |                       |  |               |  |                         |                       | R                         |
| Address 2:   |                       |  |               | 1  |                         |                       | I / S Line of Section     |
| City:  State:  Zip:  |                       |  |               |  |                         |                       |                           |
|  |                       |  |               |  |                         |                       |                           |
|  |                       |  |               | Lease Name: Well #:  |                         |                       |                           |
|  |                       |  |               |  |                         |                       | Other:                    |
|  |                       |  |               | ☐ SWD Permit #:    ☐ ENHR Permit #:      ☐ Gas Storage Permit #: |                         |                       |                           |
|  |                       |  |               |  | ,                       |                       |                           |
|  |                       |  |               | Spud Date  |                         | Date Shut-in          |                           |
|  | Conductor             | Surface  | Pro           | oduction   | Intermediate            | Liner                 | Tubing                    |
| Size   |                       |  |               |  |                         |                       |                           |
| Setting Depth  |                       |  |               |  |                         |                       |                           |
| Amount of Cement   |                       |  |               |  |                         |                       |                           |
| Top of Cement  |                       |  |               |  |                         |                       |                           |
| Bottom of Cement   |                       |  |               |  |                         |                       |                           |
| Casing Fluid Level from Su   | rface:                | How D  | etermined?    |  |                         |                       | Date:                     |
| Casing Squeeze(s):   |                       |  |               |  |                         |                       |                           |
|  |                       | _  |               | (top)  | (bottom)                |                       |                           |
| Do you have a valid Oil & G  |                       | _  |               |  |                         |                       |                           |
| Depth and Type:  | in Hole at            | Tools in Hole at   | Ca            | sing Leaks:  | Yes No Depth of         | f casing leak(s):     |                           |
| Type Completion: ALT   |                       |  |               |  |                         |                       |                           |
| Packer Type:   |                       |  |               |  |                         | (depth)               |                           |
| Total Depth:   | Plug Bad              | ck Denth:  |               | Plug Back Meth   | ood:                    |                       |                           |
|  | ug 2                  | <u></u>  |               |  |                         |                       |                           |
| Geological Date:   |                       |  |               |  |                         |                       |                           |
| Formation Name Formation Top Formation Base Completion Information |                       |  |               |  |                         |                       |                           |
| At: to Feet Perfor   |                       |  |               | ration Interval to Feet or Open Hole Interval to Feet            |                         |                       |                           |
| 2  | At:                   | to Fee   | et Perfo      | ration Interval  | to Fee                  | t or Open Hole Interv | al toFeet                 |
| LINDED DENALTY OF DE   | O ILIDV I HEDEDV ATTE | CT TUAT TUE INCODM   | IATION CO     | NTAINED HE   | DEIN IS TOLIE AND COL   |                       | OE MV KNOW! EDGE          |
|  |                       |  |               |  |                         |                       |                           |
|  |                       | Submit   | ted Ele       | ctronical  | У                       |                       |                           |
|  |                       |  |               |  |                         |                       |                           |
| Do NOT Write in This   | Date Tested:          |  | Date Plugged: | Date Repaired: Da  | te Put Back in Service: |                       |                           |
| Space - KCC USE ONLY   |                       |  | Results:      |  | Date i lugged.          | Date Repaired. Da     | te i ut back iii deivice. |
| •  |                       |  |               |  |                         |                       |                           |
| Review Completed by:   |                       |  | Comr          | nents:   |                         |                       |                           |
| TA Approved: Yes   | Denied Date:          |  |               |  |                         |                       |                           |
|  |                       | Mail to the Ap   | propriate     | KCC Conser   | vation Office:          |                       |                           |
| Strains Spring Street State State State and Strains in             | KCC Distr             | KCC District Office #1 - 210 E. Frontview, Sui   |               |  | ity, 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

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 Susan K. Duffy, Commissioner

August 05, 2019

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

Re: Temporary Abandonment API 15-055-22139-00-00 SMU 319 SE/4 Sec.22-23S-34W 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 08/05/2020.

- \* 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 08/05/2020.

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

Very truly yours,

Michael Maier"