#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

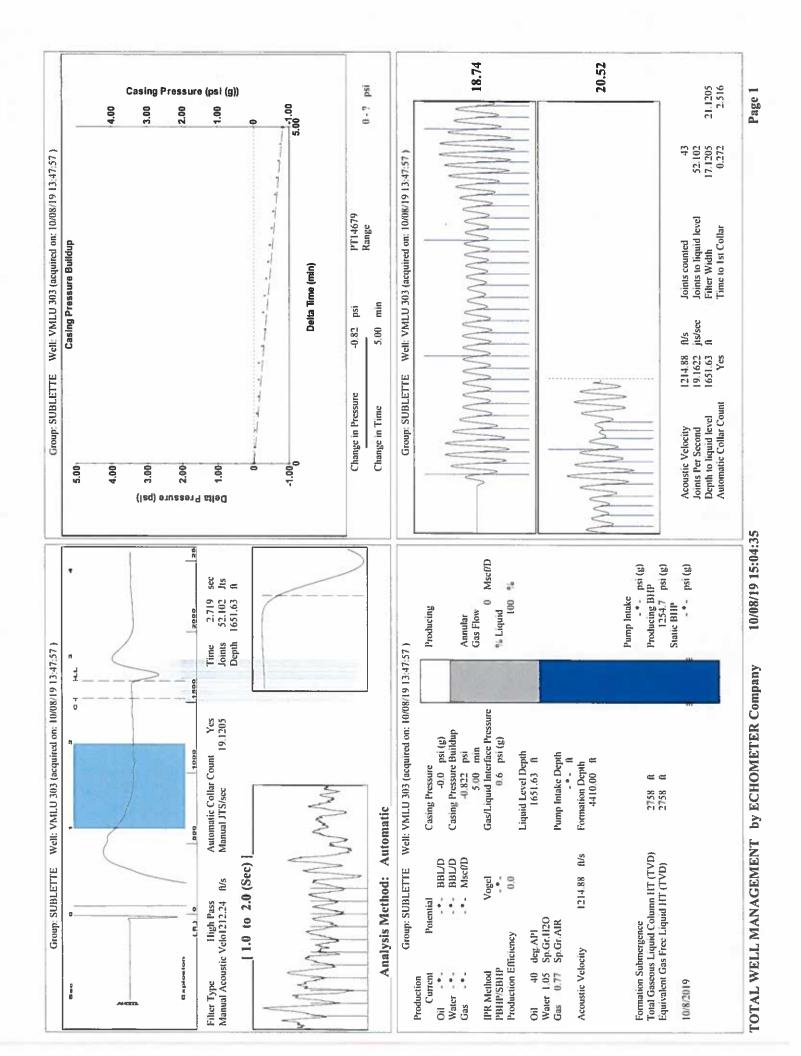
| OPERATOR: License# Name: Address 1:  |                                 |               |              | API No. 15-            | API No. 15                   |               |                    |        |           |  |
|--|---------------------------------|---------------|--------------|------------------------|------------------------------|---------------|--------------------|--------|-----------|--|
|  |                                 |               |              | Spot Descri            | Spot Description:            |               |                    |        |           |  |
|  |                                 |               |              | _                      | Se                           | ес Т          | wp S. R            |        | E 🗌 W     |  |
| Address 2:   |                                 |               |              | _                      |                              |               | feet from N /      |        |           |  |
| City:        State:       Zip:       +          Contact Person:         Phone:() |                                 |               |              |                        |                              |               |                    |        |           |  |
|  |                                 |               |              | GFS LOCALIC            |                              |               |                    |        |           |  |
|  |                                 |               |              |                        |                              |               |                    |        |           |  |
|  |                                 |               |              |                        |                              |               |                    |        |           |  |
| Field Contact Person:  |                                 |               |              | Well Type: (6          | check one) 🗌 (               | Dil 🗌 Gas 🗌   |                    | her:   |           |  |
| Field Contact Person Phone   |                                 |               |              | SWD Pe                 | SWD Permit #: ENHR Permit #: |               |                    |        |           |  |
|  |                                 |               |              |                        | rage Permit #: _             |               |                    |        |           |  |
|  |                                 |               |              | Spud Date:             |                              |               | Date Shut-In:      |        |           |  |
|  | Conductor                       | Surface       |              | Production             | Intermedia                   | ate           | Liner              | Tubing | 3         |  |
| Size   |                                 |               |              |                        |                              |               |                    |        |           |  |
| Setting Depth  |                                 |               |              |                        |                              |               |                    |        |           |  |
| Amount of Cement   |                                 |               |              |                        |                              |               |                    |        |           |  |
| Top of Cement  |                                 |               |              |                        |                              |               |                    |        |           |  |
| Bottom of Cement   |                                 |               |              |                        |                              |               |                    |        |           |  |
| Casing Fluid Level from Su   | rface:                          |               | How Determin | ied?                   |                              |               | Date               |        |           |  |
| Casing Squeeze(s):   |                                 |               |              |                        |                              |               |                    |        |           |  |
| Do you have a valid Oil & G  | as Lease? 🗌 Yes                 | No            |              |                        |                              |               |                    |        |           |  |
| Depth and Type: 🗌 Junk   | in Hole at                      | Tools in Hole | at           | Casing Leaks:          | Yes 🗌 No                     | Depth of casi | ng leak(s):        |        |           |  |
| Type Completion:   |                                 |               |              |                        |                              |               |                    |        | of cement |  |
|  |                                 |               |              |                        |                              |               | (depth)            |        |           |  |
| Packer Type:   |                                 |               | I            | nch Set at             |                              | _ reel        |                    |        |           |  |
| Total Depth:   | Plug B                          | ack Depth:    |              | Plug Back Method       | od:                          |               |                    |        |           |  |
| Geological Date:   |                                 |               |              |                        |                              |               |                    |        |           |  |
|  | me Formation Top Formation Base |               |              | Completion Information |                              |               |                    |        |           |  |
| Formation Name   |                                 | 4.5           | Foot P       | aufauation Interval    | to                           | Feet or (     | Open Hole Interval | to     | Foot      |  |
| Formation Name 1.  | At:                             | to            | 1661 1       | enoration interval _   |                              |               |                    | 10     | 1 661     |  |

## 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:

|  | 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 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |





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

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

October 22, 2019

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

Re: Temporary Abandonment API 15-081-20957-00-00 Victory Morrow Lansing Unit 303S SW/4 Sec.28-30S-33W Haskell County, Kansas

Dear Katherine McClurkan:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

### Shut-in Over 10 years

Pursuant to K.A.R. 82-3-111, the well must be plugged or returned to service by November 19, 2019.

If you wish to instead file an application for an exception to the 10-year limitation of K.A.R. 82-3-111, demonstrating why it is necessary to TA the well for more than 10 years, then you must file the application for an exception by November 19, 2019.

# This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Michael Maier KCC DISTRICT 1