

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form must be Typed

Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 32595

Name: MSG Resources Inc.

Address 1: 971 1400TH ST

Address 2: _____

City: IOLA State: KS Zip: 66749 + 3942

Contact Person: mb

Phone: (620) 365-0638

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-133-02738-00-01

Spot Description: NW SE SE Sec. 22 Twp. 28 S. R. 20 ☒ E ☐ W
1049 feet from ☐ N / ☒ S Line of Section
1157 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____
 (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Neosho Elevation: _____ ☐ GL ☐ KB

Lease Name: COONEY Well #: COO34 (26)

Well Type: (check one) ☐ Oil ☐ Gas ☐ OG ☐ WSW ☐ Other: _____

☐ SWD Permit #: _____ ☒ ENHR Permit #: E16939.12

☐ Gas Storage Permit #: _____

Spud Date: _____ Date Shut-In: 11/1/2018

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	<u>0</u>	<u>6</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>
Setting Depth	<u>0</u>	<u>20</u>	<u>520</u>	<u>0</u>	<u>0</u>	<u>0</u>
Amount of Cement	<u>0</u>	<u>5</u>	<u>70</u>	<u>0</u>	<u>0</u>	<u>0</u>
Top of Cement	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Bottom of Cement	<u>0</u>	<u>20</u>	<u>520</u>	<u>0</u>	<u>0</u>	<u>0</u>

Casing Fluid Level from Surface: 470 How Determined? line Date: 03/18/2020

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
 (top) (bottom) (top) (bottom)

Do you have a valid Oil & Gas Lease? ☒ Yes ☐ No

Depth and Type: ☐ Junk in Hole at _____ (depth) ☐ Tools in Hole at _____ (depth) Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____

Type Completion: ☐ ALT. I ☒ ALT. II Depth of: ☐ DV Tool: _____ w / _____ sacks of cement ☐ Port Collar: _____ w / _____ sack of cement
 (depth) (depth)

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: 520 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval <u>475</u> to <u>490</u> Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: <u>Dallas Logan E.C.R.S.</u> Comments: _____				
TA Approved: ☒ Yes ☐ Denied Date: <u>09/14/2020</u>					

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

September 14, 2020

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

Re: Temporary Abandonment
API 15-133-02738-00-01
COONEY COO34 (26)
SE/4 Sec.22-28S-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 09/14/2021.

- * 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 09/14/2021.

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

Very truly yours,

Dallas Logan E.C.R.S."