

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: m brown

Phone: (620) 365-0638

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-133-01330-00-01

Spot Description: NE SW NE Sec. 23 Twp. 28 S. R. 20 ☒ E ☐ W

3604 feet from ☐ N / ☒ S Line of Section

1635 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Neosho Elevation: _____ ☐ GL ☐ KB

Lease Name: CLEAVER Well #: W 7

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

☐ SWD Permit #: _____ ☒ ENHR Permit #: E10766.28

☐ Gas Storage Permit #: _____

Spud Date: _____ Date Shut-In: 11/20/2018

	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>500</u>	<u>0</u>	<u>0</u>	<u>0</u>
Amount of Cement	<u>0</u>	<u>5</u>	<u>75</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>500</u>	<u>00</u>	<u>0</u>	<u>0</u>

Casing Fluid Level from Surface: 470 How Determined? slm Date: 12/01/2021

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

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

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

Total Depth: 500 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name Formation Top Formation Base Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 473 to 483 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>John Almond</u> Comments: _____				
TA Approved: ☒ Yes ☐ Denied Date: <u>12/07/2021</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

December 07, 2021

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

Re: Temporary Abandonment
API 15-133-01330-00-01
CLEAVER W 7
NE/4 Sec.23-28S-20E
Neosho County, Kansas

Dear m brown:

"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 12/07/2022.

- * 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 12/07/2022.

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

Very truly yours,

John Almond"