

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone:(_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 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 _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 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: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ 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: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied 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

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Form U-7
Revised 1/15/10

CASING MECHANICAL INTEGRITY TEST

Disposal: Enhanced Recovery: KCC District No.: 2 API No.: 15-015-30332-00-02 Permit No.: _____
 Operator License No.: 35852 Name: MARSH EXPLOR. LLC NWNE Sec. 10 Twp. 26 S. R. 04 East West
 Address 1: _____ Feet from North South Line of Section
 Address 2: 1120 E 26th ST. N. STE: 1100 276 Feet from East West Line of Section
 City: WICHITA State: KS Zip: 67226 + 4553 Lease: MELVILLE OWWO Well No.: 5
 Contact Person: _____ Phone: (____) _____ County: BUTLER

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:	<u>N/A</u>	<u>8.625</u>	<u>N/A</u>	<u>7.0</u>	<u>5.5</u>	<u>N/A</u>
Set at:		<u>126</u>		<u>2404</u>	<u>2443</u>	
Sacks of Cement:		<u>125</u>		<u>-0-</u>	<u>150</u>	
Cement Top:		<u>0</u>		<u>-0-</u>	<u>1200</u>	
Cement Bottom:		<u>126</u>		<u>2404</u>	<u>2443</u>	

Packer Type: _____ Set at: _____

DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): CEBP @ 2422 feet depth

Zone of Injection Formation: 0 Top Feet: 0 Bottom Feet: 2422 Perf. or Open Hole: 0

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: _____ Long: _____ Date Acquired: _____

Type MIT: _____ MIT Reason: TA

Time in Minute(s): 10 20 30

Pressures: Set up 1 300 300 300

Set up 2 _____

Set up 3 _____

Tested: Casing or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: 98 BBLs

Test Date: 2-1-2022 Using: ELITE CEMENTING @ ACID SERV., LLC Company's Equipment:

The zone tested for this well is between 0 feet and 2422 feet.

The test results were verified by operator's representative:

Name: _____ Title: _____ Phone: (____) _____

KCC Office Use Only

The results were:

- Satisfactory
 Not Satisfactory

Next MIT: _____

State Agent: NEAL RUPP Title: ECRS Witness: Yes No

Remarks:

A CHART OF THE PRESSURE TEST WAS RECORDED + SENT TO KCC - ELITE TICKET #6214 IS ATTACHED

Neal Rupp

MIDNIGHT

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11

NOON

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Graphic Controls Inc

CHART NO. MC MP-6000

METER 6214

TAKEN OFF

CHART PUT ON

LOCATION

Melville #5
SCS Engineers

REMARKS

2-1-22

Geo Δ T/FIT
Job Complete
Tape Down

30 m.w 300 #

700 1000
700 1000

198 98 700 861

2 1/2 hrs + 1 hr
1000 1500 2000 2500 3000 3500 4000 4500 5000 5500

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February 22, 2022

Nelson Burns
March Exploration LLC
11120 E 26TH ST N SUITE 1100
WICHITA, KS 67226-4553

Re: Temporary Abandonment
API 15-015-30332-00-02
MELVILLE 5 OWWO
NE/4 Sec.10-26S-04E
Butler County, Kansas

Dear Nelson Burns:

"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 02/22/2023.

- * 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 02/22/2023.

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

Very truly yours,

Neal Rupp ECRS"