Form must be Typed

## **TEMPORARY ABANDON**

OPERATOR: License# \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Field Contact Person Phone: ( \_\_\_\_\_ ) \_\_\_\_

Casing Fluid Level from Surface:\_\_\_\_\_

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

Conductor

Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement,

Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

2. \_\_\_\_\_ At: \_\_\_\_ to \_\_\_\_ Feet

LINDED DENALTY OF DED HIDY LUEDEDY ATTEST THAT THE INCOMMATION OF

\_\_ Plug Back Depth: \_\_\_

Formation Top Formation Base \_\_\_\_\_ At: \_\_\_\_\_ to \_\_\_\_ Feet

\_\_\_\_\_ Size: \_\_\_\_

\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ + \_\_ \_ \_ \_

Surface

Address 1: \_\_\_ Address 2: \_\_\_\_

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement** 

Packer Type: \_\_\_ Total Depth: \_\_\_

Geological Date: Formation Name

Contact Person: \_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_

Field Contact Person: \_\_\_\_\_

⊢NIW	ELL APPLICA	TION A	Form must be signe II blanks must be comple
			,
API No. 15			
	iption:		
	Sec		
		feet from N	
GPS Locat		feet from E	
Datum:	on: Lat:	, Long   WGS84	(e.gxxx.xxxxx)
	Ele		□GL□KI
	ie:		
Well Type:	(check one) 🗌 Oil 🔲 Ga	as OG WSW	Other:
SWD P	ermit #:	ENHR Perm	it #:
Gas Sto	orage Permit #:		
Spud Date:		Date Shut-In:	
uction	Intermediate	Liner	Tubing
		Da	ate:
to	w/	Date	ate: ate:
to	(bottom) W /	sacks of cement. D	ate: ate:
to	(bottom) W /	sacks of cement. D	ate:
to	(bottom) w /	sacks of cement. D	ate:
to to	(bottom) w /	sacks of cement. D	ate:
ng Leaks:	w / w /	sacks of cement. D	ate:
ng Leaks: sack	w / w / Yes  \[ \] No  \[ \text{Depth o} \] s of cement  \[ \] Port Col	sacks of cement. D f casing leak(s):  llar: w / _	ate:
ng Leaks: sack	w / w /	sacks of cement. D f casing leak(s):  llar: w / _	ate:
ng Leaks: sack	w / w / Yes  \[ \] No  \[ \text{Depth o} \] s of cement  \[ \] Port Col	sacks of cement. D f casing leak(s):  llar: w / _	ate:
ng Leaks: sack	w / w / Yes  \[ \] No  \[ \text{Depth o} \] s of cement  \[ \] Port Col	sacks of cement. D  f casing leak(s):  llar: w / _	ate:
ng Leaks: sack et at: ug Back Meth	w / w / Yes  \sum No Depth o s of cement Port Col	sacks of cement. D  f casing leak(s):  llar: w / _  (depth) w / _	ate: sack of ceme

## 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: Yes D	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

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Dwight D. Keen, Chair
Susan K. Duffy, Commissioner

Laura Kelly, Governor

May 04, 2022

Andrew J. French, Commissioner

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

Re: Temporary Abandonment API 15-133-19880-00-00 SMITH-JOHNSON JOH37 NW/4 Sec.23-28S-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 05/04/2023.
- \* 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 05/04/2023.

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

Very truly yours,

Levi Burnett ECRS"