Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

July 2017 Form must be Typed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#  |                  |   |                | API No. 15                             |   |                         |                          |  |
|---|------------------|---|----------------|--|---|-------------------------|--------------------------|--|
| Name:   |                  |   |                | Spot Descr                             | Spot Description:   |                         |                          |  |
| Address 1:  |                  |   |                | _   ''                                 | •   |                         | . R 🔲 E 🔲 W              |  |
| Address 2:  |                  |   |                |  |   |                         | N / S Line of Section    |  |
| City:       State:       Zip:       +         Contact Person: |                  |   |                |  | feet from L E / L W Line of Section   |                         |                          |  |
|   |                  |   |                | GF 3 Local                             | on: Lat:(e.g.,  | , Long:                 | (e.gxxx.xxxxx)           |  |
|   |                  |   |                | Datum.                                 | NAD27 NAD8  |                         | GL KB                    |  |
|   |                  |   |                | I acca Nom                             |   | Elevation W             |                          |  |
|   |                  |   |                | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Well Type: (check one)       Oil Gas OG WSW Other:         SWD Permit #:       ENHR Permit #:         Gas Storage Permit #:       Date Shut-In: |                         |                          |  |
|   |                  |   |                | _ SWD P                                |   |                         |                          |  |
|   |                  |   |                | Gas Sto                                |   |                         |                          |  |
|   |                  |   |                | 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 Surf                                  | ace:             |   | How Determin   | ned?                                   |   |                         | Date:                    |  |
| Casing Squeeze(s):  | to w             | / sa  | cks of cement, | to                                     | w/  | sacks of cement.        | Date:                    |  |
| Depth and Type:   | I ALT. II Depth  | of: DV Tool: _  | (depth)        | w / sack                               | s of cement Po  | rt Collar: w            |                          |  |
|   | Plug Back Depth: |   |                |  |   |                         |                          |  |
| Geological Date:  |                  |   |                |  |   |                         |                          |  |
| formation Name Formation Top Formation Base                   |                  |   |                |  | Completion Information  |                         |                          |  |
| 1   | At:              | to  | Feet F         | Perforation Interval                   | to  | Feet or Open Hole Inter | val toFeet               |  |
| 2   |                  | to  |                |  |   |                         | val toFeet               |  |
| UNDER DENALTY OF DED  |                  |   |                | OONTAINED HEED                         |   | CORRECT TO THE REC      | T 05 MV (/NOW) 5005      |  |
|   |                  |   |                | Electronicall                          |   |                         |                          |  |
|   |                  | 00  |                | _iectromican                           | у   |                         |                          |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                  | Date Tested: Res |   |                | Date Plugged: Date Repaired: Date      |   |                         | ate Put Back in Service: |  |
| Review Completed by:  |                  |   | c              | Comments:                              |   |                         |                          |  |
| TA Approved: Yes  | Denied Date:     |   |                |  |   |                         |                          |  |
|   |                  | Mail to t   | the Appropri   | ate KCC Conserv                        | vation Office:  |                         |                          |  |
| Depter Spine Deap State Spine Last Seed Spine Manager Month   | KCC Dist         | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801              |                |  |   |                         | Phone 620.682.7933       |  |
|   | KCC Diet         | KCC Dietrict Office #2 - 3450 N. Pock Pood Building 600, Suite 601, Wichita, KS 67226 |                |  |   |                         | Phone 316 337 7400       |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

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 15-133-19876-00-00 SMITH-JOHNSON JOH30 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"