Form CP-111

July 2017

Form must be Typed

Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

| r orm mast be signed        |
|-----------------------------|
| All blanks must be complete |
|                             |
|                             |

Phone 316.337.7400

Phone 620.902.6450

Phone 785.261.6250

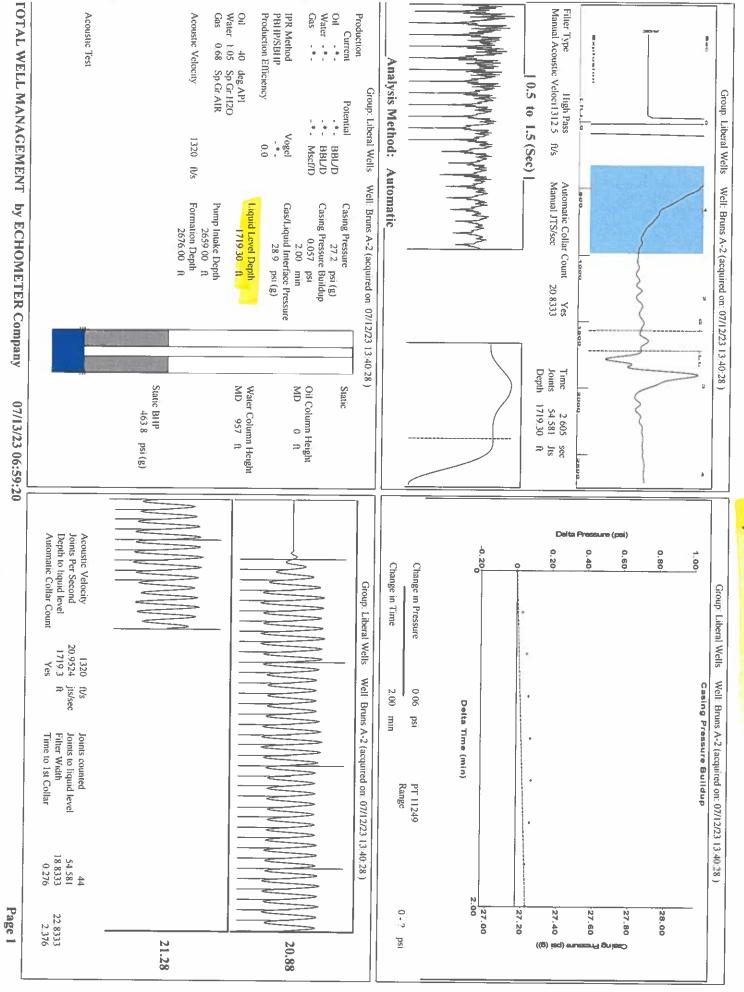
| OPERATOR: License#   |  |                    |               | API No. 15       |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
|--|--|--------------------|---------------|------------------|------------------------|-----------------------|--------------------------|-------------------------|--|--------------------------|--|--|---------|--|--|--|-----------|---------|----|------------|--------------|----------------|--------|
|  |  |                    |               |                  |                        |                       |                          | Phone:( )               |  | County: Elevation: GL KB |  |  |         |  |  |  |           |         |    |            |              |                |        |
|  |  |                    |               |                  |                        |                       |                          | Contact Person Email:   |  |                          |  |  | /ell #: |  |  |  |           |         |    |            |              |                |        |
|  |  |                    |               |                  |                        |                       |                          | Field Contact Person: ) |  |                          |  | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #:  Spud Date: Date Shut-In: |         |  |  |  |           |         |    |            |              |                |        |
|  |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    | Ораа Вакс. |              | Bate Griat III |        |
|  |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  | Conductor | Surface | Pr | oduction   | Intermediate | Liner          | Tubing |
| Size   |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Setting Depth  |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Amount of Cement   |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Top of Cement  |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Bottom of Cement   |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Casing Fluid Level from Surfa  | ıce:                                       | Hov                | v Determined? | ·                |                        |                       | Date:                    |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Casing Squeeze(s):   | to w /                                     | sacks of           | of cement,    | to               | (bottom) W /           | sacks of cement.      | Date:                    |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Do you have a valid Oil & Gas  | s Lease? Yes                               | ] No               |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Depth and Type:  | Hole at                                    | Tools in Hole at _ | Ca            | asing Leaks:     | Yes No Depth           | of casing leak(s):    |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Type Completion: ALT. I  |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Packer Type:   |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Total Depth:   | Plug Bac                                   | k Depth:           |               | Plug Back Meth   | od:                    |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Geological Date:   |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Formation Name   | e Formation Top Formation Base             |                    |               |                  | Completion Information |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| 1  | At:  | to Feet Perf       |               | oration Interval | to Fe                  | et or Open Hole Inter | val toFeet               |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| 2  | At:  | to l               | Feet Perfo    | oration Interval | to Fe                  | et or Open Hole Inter | val toFeet               |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| LINDED DENALTY OF DED I  | IIDV I LIEDEDV ATTE                        | ET TUAT TUE INCO   | DMATION CO    | NTAINED HED      | EIN IS TOLIE AND CO    | ADDECT TO THE DECT    | FOE MY KNOW!! EDGE       |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
|  |  | Subn               | nitted Ele    | ctronicall       | y                      |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
|  |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Do NOT Write in This   | Do NOT Write in This Date Tested: Results: |                    |               |                  | Date Plugged:          | Date Repaired: Date   | ate Put Back in Service: |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Space - KCC USE ONLY   |  |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| Review Completed by:   |  |                    | Comr          | ments:           |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
| TA Approved: Yes   | Denied Date:                               |                    |               |                  |                        |                       |                          |                         |  |                          |  |  |         |  |  |  |           |         |    |            |              |                |        |
|  |  | Mail to the        | Appropriate   | KCC Conserv      | vation 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

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

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

## Shot@ 300t JK



Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner

July 13, 2023

Katherine McClurkan Merit Energy Company, LLC 13727 Noel Road, Suite 1200 Dallas, TX 75240-7362

Re: Temporary Abandonment API 15-175-00345-00-00 Bruns A 2 SW/4 Sec.21-34S-33W Seward County, Kansas

## Dear Katherine McClurkan:

- "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 07/13/2024.
- \* 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 07/13/2024.

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

Very truly yours,

Michael Maier"