## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

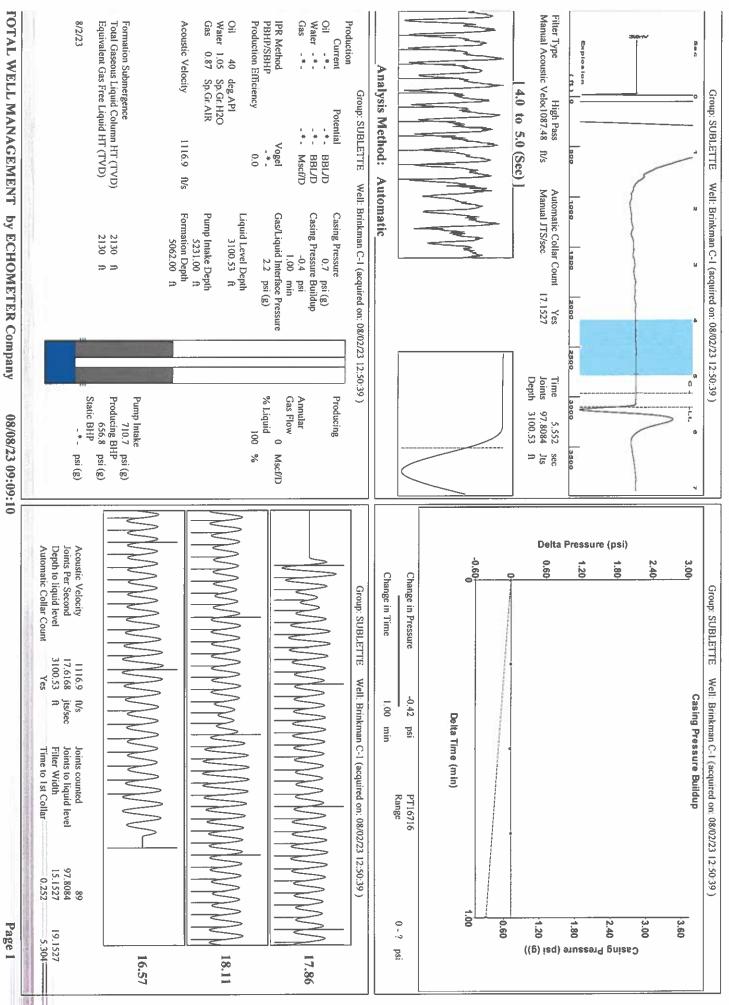
| OPERATOR: License#                       |                       |                              |                 | API No. 15-          | API No. 15   |                        |               |        |       |  |
|--|-----------------------|------------------------------|-----------------|----------------------|--|------------------------|---------------|--------|-------|--|
|  |                       |                              |                 | _ Spot Descri        | Spot Description:  |                        |               |        |       |  |
| Address 1:                               |                       |                              |                 | _                    | Se   | ec Twp                 | S. R          | []     | E 🗌 W |  |
| Address 2:                               |                       |                              |                 | _                    |  | feet from              |               | =      |       |  |
| City:                                    | State:                | Zip:                         | +               |                      | feet from E / W Line of Section                              |                        |               |        |       |  |
| Contact Person:                          |                       |                              |                 | GF 5 LUCali          | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |                        |               |        |       |  |
| Phone:()                                 |                       |                              |                 |                      |  | Elevation:             |               | GL     | KB    |  |
| Contact Person Email:                    |                       |                              |                 |                      |  |                        |               |        |       |  |
| Field Contact Person:                    |                       |                              |                 | Well Type: (         | check one) 🗌   | Oil 🗌 Gas 🗌 OG 📃       | WSW Oth       | er:    |       |  |
|  | Field Contact Person: |                              |                 |                      |  | EN                     | NHR Permit #: |        |       |  |
|  | //                    |                              |                 |                      |  |                        | ut los        |        |       |  |
|  |                       |                              |                 | Spud Date:           |  | Date Sh                | iut-in:       |        |       |  |
|  | Conductor             | Surfac                       | e               | Production           | Intermedia   | ate Lin                | ier           | Tubing |       |  |
| Size                                     |                       |                              |                 |                      |  |                        |               |        |       |  |
| Setting Depth                            |                       |                              |                 |                      |  |                        |               |        |       |  |
| Amount of Cement                         |                       |                              |                 |                      |  |                        |               |        |       |  |
| Top of Cement                            |                       |                              |                 |                      |  |                        |               |        |       |  |
| Bottom of Cement                         |                       |                              |                 |                      |  |                        |               |        |       |  |
| Casing Fluid Level from Sur              | face:                 |                              | How Determine   | ed?                  |  |                        | Date:         |        |       |  |
| Casing Squeeze(s):                       | to w                  | /s                           | acks of cement, | to                   | (bottom) w / _   | sacks of c             | ement. Date:  |        |       |  |
| Do you have a valid Oil & G              | as Lease? 🗌 Yes 🏾     | No                           |                 |                      |  |                        |               |        |       |  |
| Depth and Type: 🗌 Junk i                 | n Hole at             | Tools in Hole                | at              | Casing Leaks:        | Yes No   | Depth of casing leak(s | s):           |        |       |  |
|  |                       |                              |                 |                      |  |                        |               |        |       |  |
| Type Completion: ALT.                    |                       |                              |                 |                      |  |                        |               |        | Comon |  |
| Packer Type:                             | Size: _               |                              | In              | ch Set at:           |  | _ Feet                 |               |        |       |  |
| Total Depth:                             | Plug Ba               | ack Depth:                   |                 | Plug Back Method     | od:  |                        |               |        |       |  |
|  |                       |                              |                 |                      |  |                        |               |        |       |  |
| Geological Date:                         |                       | Formation Top Formation Base |                 |                      | Completion Information                                       |                        |               |        |       |  |
| -  | Formation             |                              |                 |                      |  |                        |               |        |       |  |
| Geological Date:<br>Formation Name<br>1. |                       | to                           | Feet Pe         | rforation Interval _ | to   | Feet or Open Ho        | le Interval   | to     | Feet  |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                       | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

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

August 10, 2023

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

Re: Temporary Abandonment API 15-081-21246-00-01 Brinkman C 1 NE/4 Sec.23-27S-34W Haskell 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 08/10/2024.

\* 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 08/10/2024.

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

Very truly yours,

Michael Maier"