Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

|  |                  |   |            | 1  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|--|------------------|---|------------|--|-----------------------------------|---------------------|-------------------------|-----------------|-----------|---------|-----|----------|--------------|-------|--------|
| OPERATOR: License#   |                  |   |            | API No. 15-  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Name:  |                  |   |            | Spot Description:         Sec.         Sec. |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Address 1:   |                  |   |            |  |                                   |                     | I / S Line of Section   |                 |           |         |     |          |              |       |        |
| Address 2:   |                  |   |            | feet from E / W Line of Section  GPS Location: Lat:  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|  |                  |   |            |  |                                   |                     |                         | Contact Person: |           |         |     | Datum: _ | NAD27 NAD83  | WGS84 |        |
| Phone: ( )   |                  |   |            | County:  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|  |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          | :            |       |        |
|  |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|  |                  |   |            |  |                                   |                     |                         |                 | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing |
| Size Satting Danth   |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Setting Depth  |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Amount of Cement   |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Top of Cement  Bottom of Cement                                  |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Bottom or Cement   |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Casing Fluid Level from Surface:                                 |                  | How D                                       | etermined? |  |                                   | [                   | Date:                   |                 |           |         |     |          |              |       |        |
| Casing Squeeze(s): to to   | w/               | sacks of o                                  | cement, _  | to _   | w/                                | sacks of cement. I  | Date:                   |                 |           |         |     |          |              |       |        |
| Depth and Type:  | ALT. II Depth of | DV Tool:(depti                              | w / _      | sack   | s of cement Port Co               |                     |                         |                 |           |         |     |          |              |       |        |
| Total Depth:   | Plug Back        | Depth:                                      |            | Plug Back Metl   | nod:                              |                     |                         |                 |           |         |     |          |              |       |        |
| Geological Date:   |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Formation Name   | Formation T      | op Formation Base                           |            |  | Completion In                     | nformation          |                         |                 |           |         |     |          |              |       |        |
| 1  |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| ···  |                  | to Fee                                      |            |  | to Feet                           |                     |                         |                 |           |         |     |          |              |       |        |
| -  | / W.             |   |            |  |                                   | о. орон ного штог к |                         |                 |           |         |     |          |              |       |        |
| INDED DENALTY OF BED HIDV  | HEDEDV ATTEC     | TTUATTUE INFORM                             | IATION CO  | NITAINED HE  | DEIN ISTRIIE AND COR              | DECT TO THE DEST    | OE MV KNOW! EDGE        |                 |           |         |     |          |              |       |        |
|  |                  | Submit                                      | tted Ele   | ctronical  | У                                 |                     |                         |                 |           |         |     |          |              |       |        |
|  |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|  |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY |                  |   |            |  | Date Plugged:                     | Date Repaired: Dat  | te Put Back in Service: |                 |           |         |     |          |              |       |        |
| Space - NGC USE ONLI   |                  |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Review Completed by:   |                  |   | Comn       | nents:   |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| TA Approved: Yes Der   | nied Date: _     |   |            |  |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|  |                  | Mail to the Ap                              | propriate  | KCC Conser   | vation Office:                    |                     |                         |                 |           |         |     |          |              |       |        |
| Now take law law has an an house has he                          | KCC Distric      |   |            |  | A, Dodge City, KS 67801 Phone 620 |                     |                         |                 |           |         |     |          |              |       |        |
|  | _                |   |            |  |                                   | Phone 316.337.7400  |                         |                 |           |         |     |          |              |       |        |
|  | I KOO DISHIC     | KCC District Office #2 - 3450 N. Rock Road, |            |  | oo i, i i ioi iii a, i i o o      |                     | 010.001.1700            |                 |           |         |     |          |              |       |        |

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. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

## 09/24/2024

Katherine McClurkan Merit Energy Company, LLC 446 South Road M Dallas, TX 75240

Re: Temporary Abandonment API 15-187-20852-00-02 Amanda Jill 1-36 NW/4 Sec.36-29S-40W Stanton 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 09/24/2025.
- \* 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 09/24/2025.

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

Very truly yours,

Michael Maier"