

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone:(_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 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 Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

| Formation Name | Formation Top | Formation Base | Completion Information |
|----------------|---------------|----------------|--|
| 1. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |
| 2. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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 |

WELL *Anderson M #16*

01/02/2026 17:12:54

JOINTS TO LIQUID.....

GENERAL

CASING PRESSURE.....

QUIET WELL

DISTANCE TO LIQUID.....

PULL

ΔP

P-P 0.156 mV

ΔT

LIQUID LEVEL A: 5.4

VOL

PRODUCTION RATE.....

P-P 0.276 mV

PROD RATE EFF, %.....

MAX PRODUCTION

.....

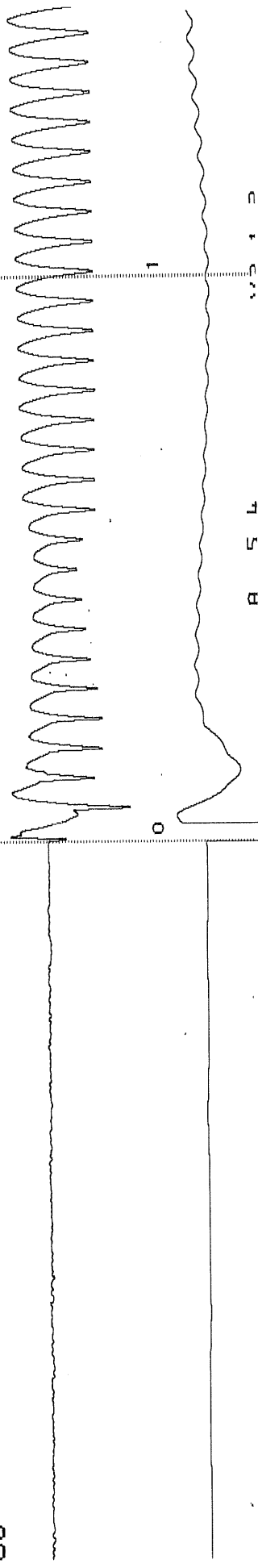
7-4334 ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER

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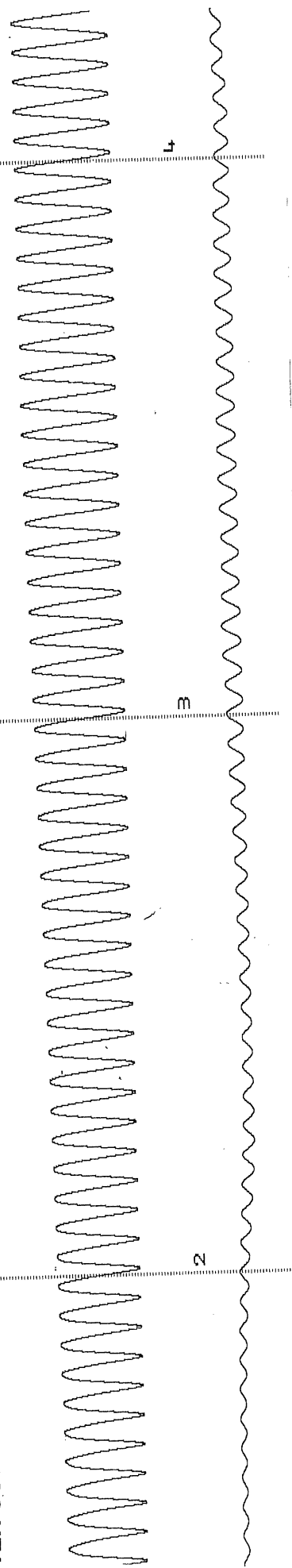
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DRAFT
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST

Form U-7
 August 2019

Disposal: Enhanced Recovery: KCC District No.: 4
 Operator License No.: 30606 Name: Murfin Drilling Co., Inc.
 Address 1: 250 N WATER STE 300
 Address 2: _____
 City: WICHITA State: KS Zip: 67202 + 1216
 Contact Person: Maureen Haberer Phone: (316) 267-3241

API No.: 15-167-23063-00-00 Permit No.: _____
S2 N2 NE Sec. 7 Twp. 15 S. R. 13 East West
 _____ Feet from North / South Line of Section
1190
 _____ Feet from East / West Line of Section
1320
 Lease: ANDERSON M Well No.: 16
 County: Russell

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

| | Conductor | Surface | Intermediate | Production | Liner | | Tubing |
|------------------|-----------|---------|--------------|------------|-------|---------|----------|
| Size: | n/a | 8.625 | n/a | 5.5 | n/a | Size: | 2.875 |
| Set at: | | 769 | | 3299 | | Set at: | 3185 |
| Sacks of Cement: | | 400 | | 625 | | Type: | EUE 8 rd |
| Cement Top: | | 0 | | 0 | | | |
| Cement Bottom: | | 769 | | 3299 | | | |

Packer Type: Locset Set at: 3185
 DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 3300 (3526) feet depth
 Zone of Injection Formation: ARBUCKLE Top Feet: 3214 Bottom Feet: 3235 Perf. or Open Hole: Perf

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 38.72130 Long: -98.63970 Date Acquired: 01/23/2025
 MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: OTHER

| Time in Minute(s): | 0 | 15 | 30 | | | |
|---------------------|------------|------------|------------|--|--|--|
| Pressures: Set up 1 | <u>347</u> | <u>335</u> | <u>325</u> | | | |
| Set up 2 | <u>340</u> | <u>340</u> | <u>340</u> | | | |
| Set up 3 | | | | | | |

Tested: Casing or Casing - Tubing Annulus System Pressure during test: 0 Bbls. to load annulus: 3
 Test Date: 01/23/2025 Using: Shane's Tank Service Company's Equipment _____

The zone tested for this well is between 0 feet and 3185 feet.

The test results were verified by operator's representative:

Name: Joe Waldschmidt Title: Production Foreman Phone: (785) 623-0088

| | |
|--|---|
| <p>KCC Office Use Only</p> <p>The results were:</p> <p><input checked="" type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: <u>01/23/2026</u></p> | <p>State Agent: <u>David Befort</u> Title: <u>E.C.R.S.</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____ <u>TA was denied 12/11/2024.</u></p> |
|--|---|

01/06/2026

Stan Froetschner
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: Temporary Abandonment
API 15-167-23063-00-00
ANDERSON M 16
NE/4 Sec.07-15S-13W
Russell County, Kansas

Dear Stan Froetschner:

"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 01/06/2027.

- * 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 01/06/2027.

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

Very truly yours,

SHANE JONES"