



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 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

Mike's Testing & Salvage Inc.

P.O. Box 467
Chase, KS 67524

V322

620-938-2943

Invoice

Date	Invoice #
3/19/2007	10676

Bill To
Foundation Energy Magement, LLC 5220 Spring Valley Rd., Ste. 212 Dallas, Texas 75254

RECEIVED PFI
APR 03 2007

P.O. No.	Lease	County
	Walston <i>en</i>	Rice

Qty	Description	Rate	Amount								
10	Hours Rig Time	175.00	1,750.00T								
	<p>3-8-07 - <i>Act Date</i></p> <p>Set in on location, rigged up, layed down rods and tubing, tested tubing, lost 14 joints. Replaced tubing and pump, ran well back in.</p> <p>Sales Tax</p>	6.30%	110.25								
	<table border="1"> <tr> <td><u>850.40</u></td> <td><u>KSI-06-030</u></td> </tr> <tr> <td>GL ACCT</td> <td>PROP / AFE</td> </tr> <tr> <td><u>1cc</u></td> <td></td> </tr> <tr> <td>ACT / COST TYPE / JBS</td> <td>DESC</td> </tr> </table>	<u>850.40</u>	<u>KSI-06-030</u>	GL ACCT	PROP / AFE	<u>1cc</u>		ACT / COST TYPE / JBS	DESC		
<u>850.40</u>	<u>KSI-06-030</u>										
GL ACCT	PROP / AFE										
<u>1cc</u>											
ACT / COST TYPE / JBS	DESC										
		Total	\$1,860.25								

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-630-4000
Fax: 316-630-4005
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

December 19, 2014

Homer Madden
Foundation Energy Management, LLC
16000 NORTH DALLAS PKWY, STE 875
DALLAS, TX 75248-6607

Re: Temporary Abandonment
API 15-159-20290-00-00
WALSTEN E 1
SW/4 Sec.08-21S-06W
Rice County, Kansas

Dear Homer Madden:

"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 12/19/2015.

- * 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 12/19/2015.

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

Very truly yours,

Virgil Clothier"