



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 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

Express Well Service & Supply, Inc.

P. O. Box 19
 1110 W. Highway 40
 Victoria, KS 67671

RECEIVED

JUN 14 2017

1434

INVOICE

Invoice Number: 25546
 Invoice Date: Jun 12, 2017
 Page: 1

Voice: (785) 735-9405
 Fax: (785) 735-9412
 Email: express@ruraltel.net

Bill To:
CYNOSURE ENERGY LLC 1125 17th ST. SUITE 410 DENVER, CO 80202

Ship to:
FLUID LEVEL

COPY

Customer ID	Payment Terms	Due Date
CYNOSU	Net 30 Days	7/12/17

Quantity	Item	Description	Unit Price	Amount
1.00	E-FLUID LEVEL	6-9-2017 PFEIFER #1-21 -TA'd-- 92 JTS TO FLUID	60.00	60.00
1.00	E-MILEAGE	MILEAGE	147.25	147.25

COPY

Subtotal	207.25
Sales Tax	15.54
Total Invoice Amount	222.79
Payment/Credit Applied	
TOTAL	222.79

Check/Credit Memo No:

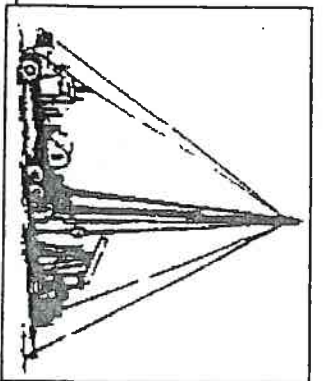
1.5 % Per Month Late Charge on all payments past 30 days

Express Well Service

Box 19
Victoria, KS 67671

CUSTOMER NAME Cyprus

DATE: 6-9-17



WELL NAME/#	SPM	STROKE	JTS. TO FLUID	FT. TO FLUID	PUMP SET AT	FLUID ABOVE PUMP
Palmer #1-21	TA	—	92 ft			
Fluid Level Charge: \$60. ⁰⁰		Mileage Charge: \$147.25			County: Graham	

June 19, 2017

Deb Smith
Coachman Energy Operating Company LLC
1125 17TH ST., SUITE 410
DENVER, CO 80202

Re: Temporary Abandonment
API 15-065-23378-00-00
PFEIFER 1-21
NW/4 Sec.21-09S-25W
Graham County, Kansas

Dear Deb Smith:

"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 06/19/2018.

- * 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 06/19/2018.

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

Very truly yours,

RICHARD WILLIAMS"