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

OPERATOR: License#					API No. 15-																
Name:					API No. 15-         Spot Description:         Sec.       Twp S. R E W																
																		feet from			
Address 2:					feet from DE / W Line of Section																
Contract Person:					GPS Location	on: Lat:	, Lc	ong:	(e.gxxx.xxxxx)												
Contact Person:  Phone:( )					Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil Gas OG WSW Other:         Other:           SWD Permit #:         ENHR Permit #:           Gas Storage Permit #:         Storage Permit #:																
																Spud Date:		Date S	hut-In:		
												Conductor	Surfa	ce	Pro	oduction	Intermediat	e Li	ner	Tubing	3
											Size										
											Setting Depth										
Amount of Cement																					
Top of Cement																					
Bottom of Cement																					
Casing Fluid Level from Surf	ace:		_ How Dete	rmined?				D	)ate:												
Casing Squeeze(s):	to w	/	sacks of cem	ent,	to	W /	sacks of	cement. D	)ate:												
Do you have a valid Oil & Ga	• • •				(100)	(bottom)															
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Depth and Type:																					
Type Completion: ALT.	I ALT. II Depth	of: DV Too	l:(depth)	w/_	sacks	of cement F	Port Collar:	w / .	sack of	of cement											
Packer Type: Size: Inch					Set at:		Feet														
Total Depth:	Plug Back Depth:				Plug Back Method:																
Geological Date:																					
Formation Name	Formatio	n Top Formation	on Base			Comp	letion Information														
I	·			Perfo	erforation Interval to feet or Open Hole Interval to					Feet											
)		to					Feet or Open H														
		10	1 000	1 0110	ration interval	10		ole interva													
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		5	Submitte	d Ele	ctronically	/															
Do NOT Write in This	o NOT Write in This Date Tested: Results:					Date Plugge	d: Date Repaire	d. Date	e Put Back in Ser	vice.											
Space - KCC USE ONLY				uno.																	
Review Completed by:				Comn	nents:																
TA Approved: Yes	_	:																			
		88-**		mulete!	V00 0 - · ·	ation Office															
Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801									Phone 620.68	2 7000											
	KCC Dis	trict Office #2 -	· 3450 N. Roc	к Road,	Building 600, S	Suite 601, Wichita	a, KS 6/226		Phone 316.33	37.7400											

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

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner

June 04, 2019

Joseph Forma O'Brien Energy Resources Corp. 18 CONGRESS ST, STE 207 PORTSMOUTH, NH 03801-4091

Re: Temporary Abandonment API 15-119-21316-00-00 COTTRELL 2-9 SW/4 Sec.09-33S-29W Meade County, Kansas

## Dear Joseph Forma:

"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 06/04/2020.

- \* 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 06/04/2020.

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

Very truly yours,

Michael Maier"