#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                |                                  |               |                        | API No. 15-          |                                 |                            |        |       |                       |
|-----------------------------------|----------------------------------|---------------|------------------------|----------------------|---------------------------------|----------------------------|--------|-------|-----------------------|
| Name:                             |                                  |               |                        | Spot Descri          | Spot Description:               |                            |        |       |                       |
| Address 1:                        |                                  |               |                        |                      | Se                              | ec Twp S. R                | E      | E     |                       |
| Address 2:                        |                                  |               |                        |                      | feet from N / S Line of Section |                            |        |       |                       |
| City:                             | State:                           | Zip:          | _ +                    |                      | feet from E /W Line of Section  |                            |        |       |                       |
| Contact Person:                   |                                  |               |                        | GPS Location: Lat:   |                                 |                            |        |       |                       |
|                                   |                                  |               |                        |                      |                                 |                            |        |       | Contact Person Email: |
| Field Contact Person:             |                                  |               |                        | Well Type: (d        | check one) 🗌                    | Oil Gas OG WSW Oth         | ner:   |       |                       |
| Field Contact Person Phon         |                                  |               |                        |                      | SWD Permit #: ENHR Permit #:    |                            |        |       |                       |
|                                   | ()                               |               |                        |                      |                                 | Dete Obset las             |        |       |                       |
|                                   |                                  |               |                        | Spud Date:           |                                 | Date Shut-In:              |        |       |                       |
|                                   | Conductor                        | Surface       | •                      | Production           | Intermedia                      | ate Liner                  | Tubing |       |                       |
| Size                              |                                  |               |                        |                      |                                 |                            |        |       |                       |
| Setting Depth                     |                                  |               |                        |                      |                                 |                            |        |       |                       |
| Amount of Cement                  |                                  |               |                        |                      |                                 |                            |        |       |                       |
| Top of Cement                     |                                  |               |                        |                      |                                 |                            |        |       |                       |
| Bottom of Cement                  |                                  |               |                        |                      |                                 |                            |        |       |                       |
| Casing Fluid Level from Su        | rface:                           |               | How Determine          | d?                   |                                 | Date                       |        |       |                       |
| Casing Squeeze(s):                | ) to w                           | s/sa          | acks of cement,        | to                   | (bottom) w / _                  | sacks of cement. Date      | :      |       |                       |
| Do you have a valid Oil & O       | Gas Lease? 🗌 Yes                 | No            |                        |                      |                                 |                            |        |       |                       |
| Depth and Type: Unk               | in Hole at                       | Tools in Hole | at (                   | Casing Leaks:        | Yes No                          | Depth of casing leak(s):   |        |       |                       |
|                                   |                                  |               |                        |                      |                                 |                            |        |       |                       |
|                                   |                                  |               |                        |                      |                                 | Port Collar: w /           |        | Comon |                       |
| Packer Type:                      | Size: _                          |               | Inc                    | ch Set at:           |                                 | Feet                       |        |       |                       |
| Total Depth:                      | Plug B                           | ack Depth:    |                        | Plug Back Method     | od:                             |                            |        |       |                       |
|                                   |                                  |               |                        |                      |                                 |                            |        |       |                       |
| Geological Date:                  | ame Formation Top Formation Base |               | Completion Information |                      |                                 |                            |        |       |                       |
| -                                 | Formatio                         |               |                        |                      |                                 |                            |        |       |                       |
| Geological Date: Formation Name 1 |                                  | to            | Feet Per               | rforation Interval _ | to                              | Feet or Open Hole Interval | to     | Feet  |                       |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | enied 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 |



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

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

December 02, 2019

Alyssa Beard Foundation Energy Management, LLC 5057 KELLER SPRINGS RD, SUITE 650 ADDISON, TX 75001-6583

Re: Temporary Abandonment API 15-023-21116-00-00 ZWEYGARDT 33-8 SE/4 Sec.08-05S-40W Cheyenne County, Kansas

Dear Alyssa Beard:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

## Shut-in Over 10 years

Pursuant to K.A.R. 82-3-111, the well must be plugged or returned to service by December 30, 2019.

If you wish to instead file an application for an exception to the 10-year limitation of K.A.R. 82-3-111, demonstrating why it is necessary to TA the well for more than 10 years, then you must file the application for an exception by December 30, 2019.

# This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, RICHARD WILLIAMS KCC DISTRICT 4