KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

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: _____ *(e.g. xx.xxxxx)* , Long: _____ *(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 _____ *(depth)* ☐ Tools in Hole at _____ *(depth)* Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____

Type Completion: ☐ ALT. I ☐ ALT. II Depth of: ☐ DV Tool: _____ *(depth)* w / _____ sacks of cement ☐ Port Collar: _____ *(depth)* w / _____ sack of cement

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

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: ☐ Yes ☐ 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

Kansas
Corporation Commission

August 11, 2020

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 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 08/11/2021.

Your exception application expires on 07/28/2023.

* 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 08/11/2021.

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

Very truly yours,

RICHARD WILLIAMS