## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                         |                                   |                    |           |                        | API No. 15        |                  |             |               |          |            |               |
|--|-----------------------------------|--------------------|-----------|------------------------|-------------------|------------------|-------------|---------------|----------|------------|---------------|
| Name:                                      |                                   |                    |           |                        | Spot Descrip      | otion:           |             |               |          |            |               |
| Address 1:                                 |                                   |                    |           |                        |                   | Se               | ec          | Twp           | _ S. R.  |            | E W           |
| Address 2:                                 |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| City:  State:  Zip:  +     Contact Person: |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
|  |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Phone:()                                   |                                   |                    |           |                        |                   |                  |             |               |          |            | ]gl ∏kb       |
| Contact Person Email:                      |                                   |                    |           |                        |                   | e:               |             |               |          |            |               |
| Field Contact Person:                      |                                   |                    |           |                        | Well Type: (a     | check one) 🗌 (   | Oil Gas     | OG WS         | sw 🗌 o   | ther:      |               |
| Field Contact Person Phone                 |                                   |                    |           |                        |                   | rmit #:          |             |               | R Permit | #:         |               |
|  | ·()                               |                    |           |                        |                   | rage Permit #: _ |             |               |          |            |               |
|  |                                   |                    |           |                        | Spud Date: _      |                  |             | Date Shut-I   | n:       |            |               |
|  | Conductor                         | Surfac             | ce        | Produc                 | ction             | Intermedia       | ate         | Liner         |          | Tu         | bing          |
| Size                                       |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Setting Depth                              |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Amount of Cement                           |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Top of Cement                              |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Bottom of Cement                           |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Casing Fluid Level from Surf               | 200                               |                    | How Dotor | minod?                 |                   |                  |             |               | Date     | <b>.</b> . |               |
| Casing Squeeze(s):                         |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Do you have a valid Oil & Ga               | as Lease? 🗌 Yes                   | No                 |           |                        |                   |                  |             |               |          |            |               |
| Depth and Type: 🗌 Junk in                  | n Hole at                         | Tools in Hole      | e at      | Casin                  | g Leaks:          | Yes No           | Depth of ca | sing leak(s): |          |            |               |
|  |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Type Completion: ALT.                      |                                   |                    |           |                        |                   |                  |             | (depth)       | w /      | Sa         | ick of cement |
| Packer Type:                               | Size: .                           |                    |           | _ Inch Set             | at:               |                  | _ Feet      |               |          |            |               |
| Total Depth:                               | Plug B                            | Plug Back Depth: F |           |                        | Plug Back Method: |                  |             |               |          |            |               |
| Geological Date:                           |                                   |                    |           |                        |                   |                  |             |               |          |            |               |
| Formation Name                             | Name Formation Top Formation Base |                    |           | Completion Information |                   |                  |             |               |          |            |               |
| 1  | At:                               | to                 | Feet      | Perforati              | on Interval _     | to               | Feet or     | Open Hole I   | nterval_ | to         | Feet          |
| I  |                                   |                    |           |                        |                   |                  |             |               |          |            |               |

## Submitted Electronically

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

## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner Laura Kelly, Governor

October 20, 2020

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

Re: Temporary Abandonment API 15-119-21422-00-00 CHARITY MAY 1A-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 10/20/2021.

\* 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 10/20/2021.

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

Very truly yours,

Michael Maier"