KOLAR Document ID: 1559520

July 2017
Form must be Typed
Form must be signed
All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____ API No. 15- _____ Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W Address 1: _____ feet from N / S Line of Section Address 2: _____ feet from E / W Line of Section (e.g. xx.xxxxx) Datum: NAD27 NAD83 WGS84 Phone:(_____) __ _____ Elevation:____ ____ GL KB County: __ Well #: __ Lease Name: ___ Contact Person Email: ___ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: ___ SWD Permit #: _____ ENHR Permit #: ____ Field Contact Person Phone: (_____) ____ Gas Storage Permit #:____ Spud Date: _ ___ Date Shut-In: _ Tubing Conductor Surface Production Intermediate Liner Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement** Casing Fluid Level from Surface: ____ ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Do you have a valid Oil & Gas Lease? Yes No Depth and Type: Usual Junk in Hole at Italian Tools in Hole at Italian Casing Leaks: Yes No Depth of casing leak(s): Italian Casing Leaks: Section Sec Type Completion: ALT. I Depth of: DV Tool: _____w / ____ sacks of cement Port Collar: ____w / ____ sack of cement __ Size: __ _ Inch Set at: ___ Packer Type: ___ ___ Plug Back Method: ___ Total Depth: Plug Back Depth: ___ Geological Date: **Formation Name** Formation Top Formation Base Completion Information ___ At: _____ to _____ Feet Perforation Interval ____ ___to_____ Feet or Open Hole Interval_____ to _____ Feet _____ At: _____ to ____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____ HINDER DENALTY OF RED HIDV I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE REST OF MY KNOW! EDGE Submitted Electronically Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY Review Completed by: ___ 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

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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner

February 23, 2021

Kelli Knott Max Papay LLC PO BOX 1060 MEADE, KS 67864-1060

Re: Temporary Abandonment API 15-119-20946-00-01 SNEED 1-14 NW/4 Sec.14-34S-30W Meade County, Kansas

Dear Kelli Knott:

- "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 02/23/2022.
- * 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 02/23/2022.

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

Very truly yours,

Michael Maier"

Summary of Changes

Lease Name and Number: SNEED 1-14

API/Permit #: 15-119-20946-00-01

Doc ID: 1559520

Correction Number: 1

Field Name Previous Value New Value

Approval Date 02/23/2021 02/25/2021

TA Expiration Date 02/23/2022 01/14/2022

Summary of Attachments

Lease Name and Number: SNEED 1-14

API: 15-119-20946-00-01

Doc ID: 1559520

Correction Number: 1

Attachment Name

Temporary Abandonment Approved