

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4

March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

FOUNDATION ENERGY MANAGEMENT, LLC DAILY WORKOVER REPORT

Date 11/16/21	Company Foundation Energy	Well Name & Number MASONIC HOMES #9-2			County KEARNEY	State KANSAS	API Number 15-093-20639	GL 3008'	KB 3017'		
Report Day 1	Rig Company DUNKIN	Rig Operator RAFAEL	Rig # 23	Daily Cost \$3,200	Cumulative Cost \$3,200	PO Amount \$21,357					
Root cause of WO:				Most recent WO date	Company man	AFE Amount \$21,357					
Enter well info on WBD/Cost Sheet sheets, it will carry over to this sheet											
Time Log											
From	To	Hrs									
2:00PM	4:00PM	2	ROAD RIG #23 EQUIPMENT TO LOCATION. HELD JSA. SPOT IN AND RIG UP UNIT. CHECK PRESSURES. WELL DEAD.								
4:00PM	5:00PM	1	WORK PUMP FREE. POOH LAYING DOWN RODS. 112- 5/8". SHUTDOWN								
			ITP	ICP	IFL	Flowing/Shut-In (?)	FTP	FCP	FFL	Flowing/Shut-In (?)	
TOTAL HOURS:		3									
Perforation Record					TUBING DESC. (Top to Bottom)						
DEPTH		PLUGS		# Jts.	Desc.	Size	Grade	Thread	Weight	Length	Set @
Formation	From	To	Frac Plug	CIBP							

Emissions information (per Day):				
Rig engine	Model	Internal/ External (Check box)	HP	Hours operated
		External		8.5
Flowback				>

Other Equipment (Check if used - Input hours operated):		
Other Equipment	Checkbox	Hours operated
Dehy	Click to choose:	
Boiler	Click to choose:	
Heater	Click to choose:	
Compressor	Click to choose:	
Generator	Click to choose:	
Pump	Click to choose:	

FOUNDATION ENERGY MANAGEMENT, LLC

DAILY WORKOVER REPORT

Date 11/17/21	Company Foundation Energy		Well Name & Number MASONIC HOMES #9-2		County KEARNEY	State KANSAS	API Number 15-093-20639	GL 3008'	KB 3017'	
Report Day 2	Rig Company DUNKIN	Rig Operator RAFAEL	Rig # 23	Daily Cost \$18,157		Cumulative Cost \$21,357		PO Amount \$21,357		
Root cause of WO:				Most recent WO date 1/0/1900		Company man 00000		AFE Amount \$21,357		
Time Log										
From	To	Hrs								
6:00AM	8:00AM	2	DROVE TO LOCATION. HELD JSA. BLOW WELL DOWN. INSTALL BOP.							
8:00AM	11:00AM	3	POOHW 1 1/2" TUBING. 86JTS TOTAL. SET 5 1/2" CIBP @ 2700' W/2SX CMT ON TOP.							
11:00AM	1:00PM	2	MIX AND PUMP 50SX CMT FROM 2000'-1500' AND 90SX CMT FROM 850'-SURFACE INSIDE 5 1/2" CASING.							
1:00PM	1:30PM	0.5	MIX AND PUMP 5SX CMT DOWN SURFACE PIPE AND PRESSURED UP TO 200PSI.							
1:30PM	3:30PM	2	CUT OFF & WELD STEEL ID PLATE 4' BGL. RIG DOWN AND LOAD ALL EQUIPMENT AND UNIT.							
3:30PM	5:00PM	1.5	FILL ALL HOLES. MOVE EQUIPMENT TO THE TATE #1-2. SHUTDOWN.							
			ITP	ICP	IFL	Flowing/Shut-In (?)	FTP	FCP	FFL	Flowing/Shut-In (?)
TOTAL HOURS:		11								

Perforation Record					TUBING DESC. (Top to Bottom)							
Formation	DEPTH		PLUGS		# Jts.	Desc.	Size	Grade	Thread	Weight	Length	Set @
	From	To	Frac Plug	CIBP								

Emissions information (per Day):					
Rig engine	Model 0	Internal/ External (Check box) External		HP 0	Hours operated
Flowback	➔				

Other Equipment (Check if used - Input hours operated):		
Other Equipment	Checkbox	Hours operated
Dehy	Click to choose:	
Boiler	Click to choose:	
Heater	Click to choose:	
Compressor	Click to choose:	
Generator	Click to choose:	
Pump	Click to choose:	

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
July 2014
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 33725
Name: Foundation Energy Management LLC
Address 1: 5057 Keller Springs Rd, Suite 650
Address 2: _____
City: Addison State: TX Zip: 75001 + 6583
Contact Person: Laurie Rock
Phone: (972) 707-2530 x2530
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
COUNCIL GROVE Depth to Top: 2764' Bottom: 2830' T.D. 3051'
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 093-20639
Spot Description: _____
NE NW SE SW Sec. 6 Twp. 26 S. R. 35 East West
5884 Feet from North / South Line of Section
4863 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: KEARNEY
Lease Name: MASONIC HOMES Well #: 9-2
Date Well Completed: 10/5/1979
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 11/16/21
Plugging Completed: 11/17/21

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
COUNCIL GROVE	OIL, GAS, WATER	SURFACE	8 5/8"	587'	0'
		PRODUCTION	5 1/2"	3033'	0'

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

11/16/21 RIG UP. LAY DOWN RODS. 11/17/21 PULL TUBING. SET 5 1/2" CIBP @ 2700' W/2SX CMT ON TOP. RUN TUBING TO 2000'. CIRCULATE HOLE W/50BBLs MUD. PUMP 50SX CMT FROM 2000'-1500'. PULL TUBING UP TO 850'. PUMP 90SX CMT FROM 800'-4'. PULL TUBING OUT OF HOLE. PUMP 5SX CMT DOWN SURFACE PIPE AND PRESSURED UP TO 200 PSI. CUT OFF & WELD STEEL ID PLATE 4' BGL.

Plugging Contractor License #: 8733 Name: JERRY DUNKN INC. / DOSCO
Address 1: P.O. BOX 816 Address 2: _____
City: ENID State: OKLA Zip: 73702 + _____
Phone: (580) 237-6152
Name of Party Responsible for Plugging Fees: Foundation Energy Management, LLC
State of TX County, DALLAS, ss.
JAMES SMITH Employee of Operator or Operator on above-described well,
(Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: 33725
Name: Foundation Energy Management, LLC
Address 1: 5057 KELLER SPRINGS RD, SUITE 650
Address 2: _____
City: ADDISON State: TX Zip: 75001 + 6583
Contact Person: Jeremy Jones
Phone: (972) 707-2500

API No. 15 - 15-093-20639-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
NE NW SE SW Sec. 6 Twp. 26 S. R. 35 East West
5884 Feet from North / South Line of Section
4863 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kearny
Lease Name: MASONIC HOME Well #: 9-2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8.625 Set at: 587 Cemented with: 150 Sacks
Production Casing Size: 5.5 Set at: 3033 Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 3013 (G.L. / K.B.) T.D.: 3051 PBTD: 2964 Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: -
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Set CIBP @ 2714' with 2sx cmt dump bail on top 50' above top perf. Come up the well and cut csg at 687' and pump cmt 487' - 687'. Come up the well and set 50' surf plug.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Jeremy Jones

Address: 5057 KELLER SPRINGS RD, SUITE 650 City: ADDISON State: TX Zip: 75001 + _____

Phone: (972) 7072500

Plugging Contractor License #: 8733 Name: Jerry Dunkin, Inc.

Address 1: PO BOX 389 Address 2: _____

City: ENID State: OK Zip: 73701 + 0389

Phone: (580) 237-6152

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 33725
Name: Foundation Energy Management, LLC
Address 1: 5057 KELLER SPRINGS RD, SUITE 650
Address 2: _____
City: ADDISON State: TX Zip: 75001 + 6583
Contact Person: Jeremy Jones
Phone: (972) 7072500 Fax: (_____) _____
Email Address: jeremy.jones@foundationenergy.com

Well Location:
NE NW SE SW Sec. 6 Twp. 26 S. R. 35 East West
County: Kearny
Lease Name: MASONIC HOME Well #: 9-2

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Fletcher Ranch INC
Address 1: PO Box C
Address 2: _____
City: Lakin State: KS Zip: 67860 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

Foundation Energy Management, LLC

WELLBORE DIAGRAM

Well / Battery	Prospect Name	Total Depth	Current Status
Masonic Homes 9-2	Panoma	3,051	TA
Location	Sec-Twn-Rng	Producing Horizon	County & State
Masonic Homes 9-2	6-26S-35W	Council Grove	Kearny, KS

WELLBORE DIAGRAM

Prepared Date: 3/25/2021
Prepared By: John Gagner

General Info

API #: 1509320639
 KB Elevation: 3,017'
 GL Elevation: 3,008'
 Spud Date: 8/8/1979
 Completion Date: 10/05/1979
 TVD: 3051'
 MD: 3051'
 Last PBTD: 2964'

Tubing Detail

2 3/8
 4.7 # (weight)
 J-55 grade

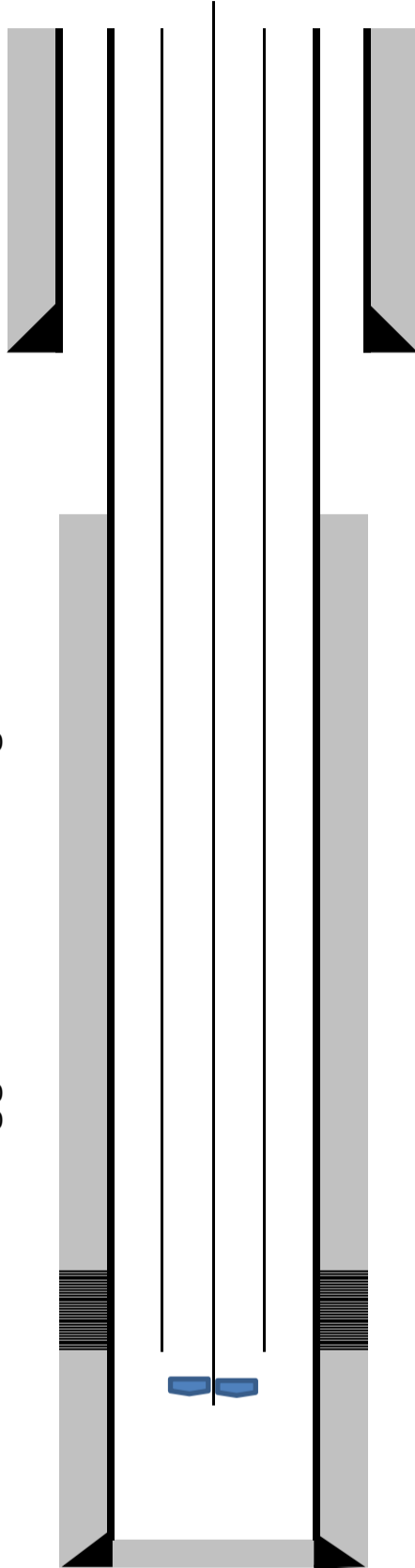
Tubing Tally

	<u>Length</u>	<u>Depth</u>
89 2-3/8"	2837.8	2820

(Hydrotested February 2016)

Rod String

	<u>Length</u>	<u>Depth</u>
1 Rod Pump	10	10
112 5/8"	2810	2820



Surface Casing

8 5/8 inch (OD)
 24 # (weight)
 J-55 grade
 587' depth from KB
 Surface cement top
 150 sacks of cement
 12 1/4? inch (OD) HOLE SIZE

Production Casing

5 1/2" inch (OD)
 15.5 # (weight)
 J-55 grade
 3033' depth from KB
 860 cement top CBL
 150 sacks of cement
 7-7/8? inch (OD) HOLE SIZE

Perfs
Council Grove
 2764'-2830'

Well Notes:

Foundation Energy Management, LLC

WELLBORE DIAGRAM

Well / Battery	Prospect Name	Total Depth	Current Status
Masonic Homes 9-2	Panoma	3,051	TA
Location	Sec-Twn-Rng	Producing Horizon	County & State
Masonic Homes 9-2	6-26S-35W	Council Grove	Kearny, KS

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Prepared Date: 3/25/2021
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API #: 1509320639
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 Completion Date: 10/05/1979
 TVD: 3051'
 MD: 3051
 Last PBDT: 2964'

Tubing Detail

2 3/8
 4.7 # (weight)
 J-55 grade

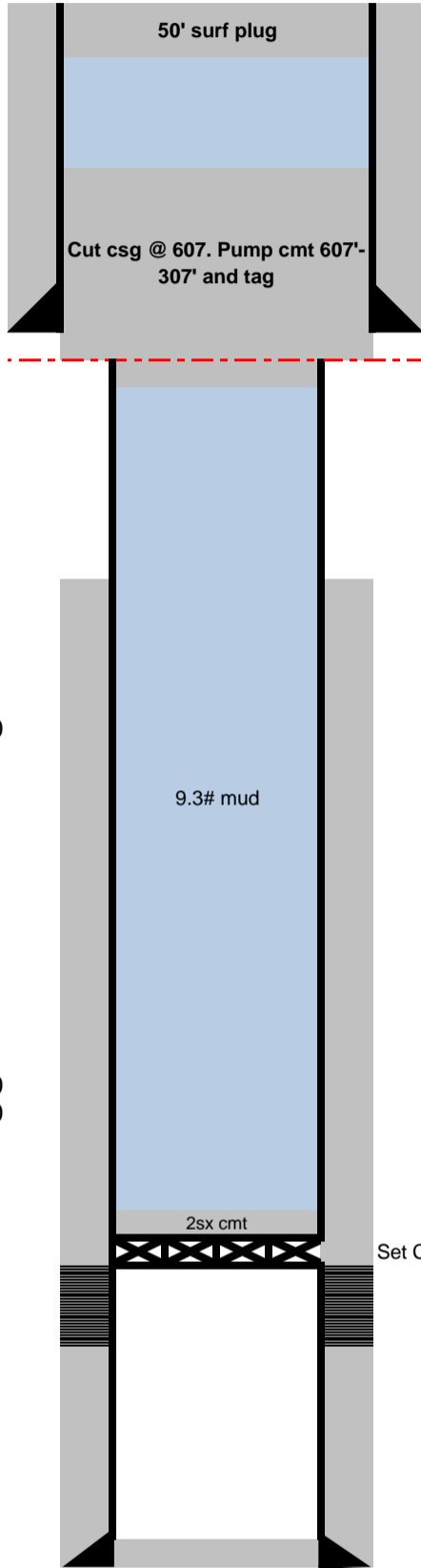
Tubing Tally

	<u>Length</u>	<u>Depth</u>
89 2-3/8"	2837.8	2820

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5 1/2" inch (OD)
 15.5 # (weight)
 J-55 grade
 3033' depth from KB
 860 cement top CBL
 150 sacks of cement
 7-7/8" inch (OD) HOLE SIZE

Well Notes:

Foundation Energy Management, LLC

WELLBORE DIAGRAM

Well / Battery	Prospect Name	Total Depth	Current Status
Masonic Homes 9-2	Panoma	3,051	TA
Location	Sec-Twn-Rng	Producing Horizon	County & State
Masonic Homes 9-2	6-26S-35W	Council Grove	Kearny, KS

PA AND REMEDIATION

PROCEDURE EXAMPLE

Prior to Plugging

Remove all surface equipment

48 hours prior, contact the state and BLM to notify about the intent to plug

Plugging Procedure

MIRU

Fill hole with production water

ND WH, NU BOP

MIRU Wireline

Set CIBP @ 2714

Dump bale 2sx cmt on CIBP

PSI test csg to 250#

RIH w/ jet cutter

Cut csg @ 607'

RIH tbg

Pump cmt from 607'-307'

TOH tbg and pump 50' surf plug

RDMO

Cut off WH 3' below surface

Take pictures and submit OCC and BLM

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

October 28, 2021

Fletcher Ranch, Inc.
PO Box C
Lakin, KS 67860

RE: Kansas Surface Owners Notice Act
Form CP-1, Masonic Home 9-2
API # 15-093-20639-00-00

The 2009 Legislature passed House Bill 2032, known as the Kansas Surface Owners Notice Act. This Act requires the KCC to provide copies of drilling intents, operator transfers, and well plugging applications to the surface owner, if they are not provided by the lease operator. The operator has advised us they have not provided you with a copy of the attached form. Therefore, this letter and the attached form shall serve as notice of the operator's action. You do not need to respond to the KCC. Please contact the operator listed on the form if you have any questions.

cc: Foundation Energy Management, LLC

October 28, 2021

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

Re: Plugging Application
API 15-093-20639-00-00
MASONIC HOME 9-2
SW/4 Sec.06-26S-35W
Kearny County, Kansas

Dear Jeremy Jones:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after April 26, 2022. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The April 26, 2022 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 1