KOLAR Document ID: 1617144

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 #:				API No.	15		
Name:					escription:		
Address 1:					Sec Tw	vp S. R East West	
Address 2:				Feet from North / South Line of Section			
City:	State:	Zip: +	.		Feet from	East / West Line of Section	
Contact Person:				Footage	es Calculated from Neares	st Outside Section Corner:	
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		Well #:	
ENHR Permit #:	Gas Sto	rage Permit #:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)	
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)	
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:		
Depth to	Top: Botto	m: T.D		00 (•		
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If	
Plugging Contractor License #	:		Name:				
Address 1:			Address 2:				
City:			;	State:		Zip:+	
Phone: ()							
Name of Party Responsible for	r Plugging Fees:						
State of	County, _			, SS.			
	·				Employee of Operator or	Operator on above described	
	(Print Name)			⊑	imployee of Operator or	Operator on above-described well,	

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.

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

OPERATOR: License #: 33725
Foundation Energy Management LLC

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

WELL PLUGGING RECORD K.A.R. 82-3-117

API No. 15 - <u>093-20689-00</u>-00

Spot Description: _

Address 1: 5057 Keller	Springs Rd, Suite 650)		NW NW NW SE Sec. 15 Twp. 25 S. R. 35 East ✓ West				
Address 2:				2492 Feet from North / X South Line of Section				
City: Addison	State: TX	Zip: <u>75001</u> + <u>6583</u>		2487 Feet from X East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
Contact Person: Laurie Ro	ck		-					
Phone: (972)707-253				_	NE NW X	JsE ∐sw		
Type of Well: (Check one)		i	•		KEARNEY			
Water Supply Well O		SWD Permit #:			e: TATE	Well #: 2-2		
ENHR Permit#:		rage Permit#:		Date Well C	completed: 8/8/1	980		
Is ACO-1 filed? X Yes	_	log attached? Yes] NO			oved on: 26 OCTOBER 2021 (Date)		
Producing Formation(s): List A COUNCIL GROVE Depth to		sheet) m: <u>2799'</u> T.D. <u>3010'</u>				upervisor (KCC District Agent's Name)		
•		m: T.D	- 1		ommenced: 11/1:	0/21		
•		m:T.D		Plugging Co	ompleted: 11/10	5/21		
Departo	Top: botton							
Show depth and thickness of a	all water, oil and gas forma	itions.				4		
Oil, Gas or Water	Records		Casing F	Record (Surfac	e, Conductor & Produ	ction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
COUNCIL GROVE	OIL,GAS,WATER	SURFACE	8 5/8'	n	553'	0'		
		PRODUCTION	5 1/2		2991'	0'		
		, , , , , , , , , , , , , , , , , , , ,						
TUBING TO 1850'. 1850'-1650'. PULL	. 11/16/21 CIRC ^I TUBING UP TO	ULATE HOLE W/6 800'. PUMP 80S	OBBL X CM	S MUD. T FROM	PUMP 30SX 800'-4'. PUM	SX CMT ON TOP. RUN CCMT FROM MP 50SX CMT DOWN FEEL ID PLATE 4' BGL.		
Plugging Contractor License #	£ 8733		Name:	JERRY	DUNKIN INC.	/ DOSCO		
Address 1: P.O. BOX 3	889		Address	s 2:				
City: ENID				State: OK	(LA	z _{ip:} 73702+		
Phone: (580) 237-61	152							
Name of Party Responsible fo	Earne	dation Energy Managemen	nt, LLC	=				
• ,	TX County.	DALLAS		, SS.				
JAMES SMITH	County,	2		_	oloyee of Operator or	Operator on above-described well,		
-	(Print Name)	1//	_		•			
the same are true and correct		dge of the facts statements a	nd matte	ers herein conf	tained, and the log of	the above-described well is as filed, and		
Signature:	Mail to: KKCC - Co	poservation Division 266	N Main (St Ste 220 1	Wichita, KS 67202	-1513		

KOLAR Document ID: 1596384

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	API No. 15 15-093-20689-00-00					
Name: Foundation Energy Management, LLC	If pre 1967, supply original completion date:					
Address 1: 5057 KELLER SPRINGS RD, SUITE 650	Spot Description:					
Address 2:	NW NW NW SE Sec. 15 Twp. 25 S. R. 35 East ₩ West					
City: ADDISON State: TX Zip: 75001 + 6583	Feet from North / South Line of Section 2487 Foot from North / Wast Line of Section					
Contact Person: Jeremy Jones	Feet from East / West Line of Section					
Phone: (972) _707-2500	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW					
	County: Kearny					
	Lease Name: TATE Well #: 2-2					
Check One: ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cat	hodic Water Supply Well Other:					
SWD Permit #: ENHR Permit #:	Gas Storage Permit #:					
	Cemented with: Sacks					
Surface Casing Size: 8.625 Set at: 553	Cemented with: 400 Sacks					
Production Casing Size: 5.5 Set at: 2991	Cemented with: 800 Sacks					
Elevation: 2992 (G.L. / K.B.) T.D.: 3010 PBTD: 2960 Condition of Well: Good Poor Junk in Hole Casing Leak at: -	_ Anhydrite Depth:(Stone Corral Formation)					
Proposed Method of Plugging (attach a separate page if additional space is needed):	(Interval)					
Set CIBP @ 2690', 50' above top perf with 2sx cmt dur 603' and then pump cmt 603'-303'. Come up the well a	, ,					
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: <u>Jeremy Jor</u>	nes					
	City: ADDISON State: TX Zip: _75001 +					
Phone: (<u>972</u>)						
	Name: Jerry Dunkin, Inc.					
	ddress 2:					
	State: OK Zip: 73701 + 0389					
Phone: (<u>580</u>) <u>237-6152</u>						
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

KOLAR Document ID: 1596384

Kansas Corporation Commission Oil & Gas Conservation Division

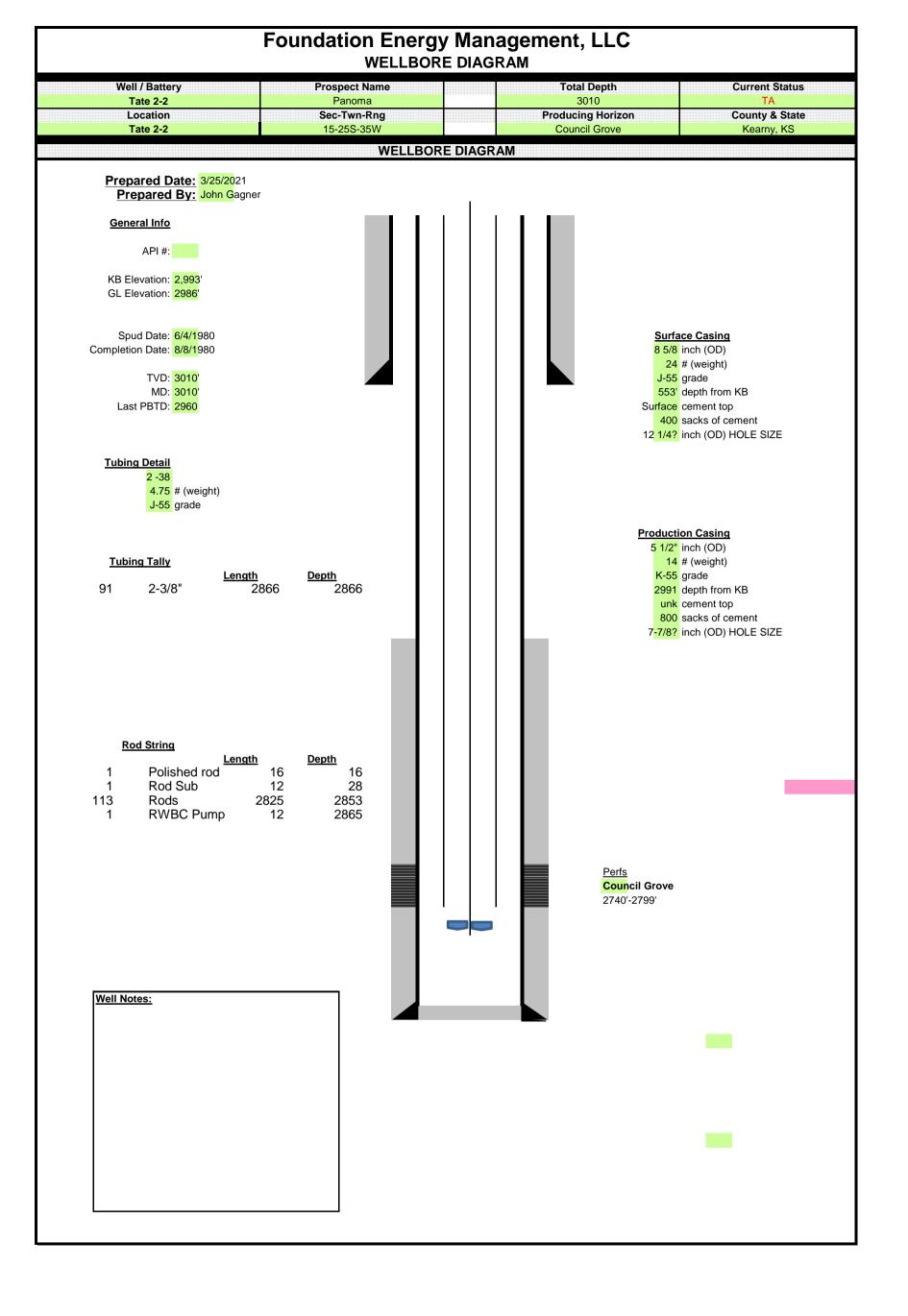
Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

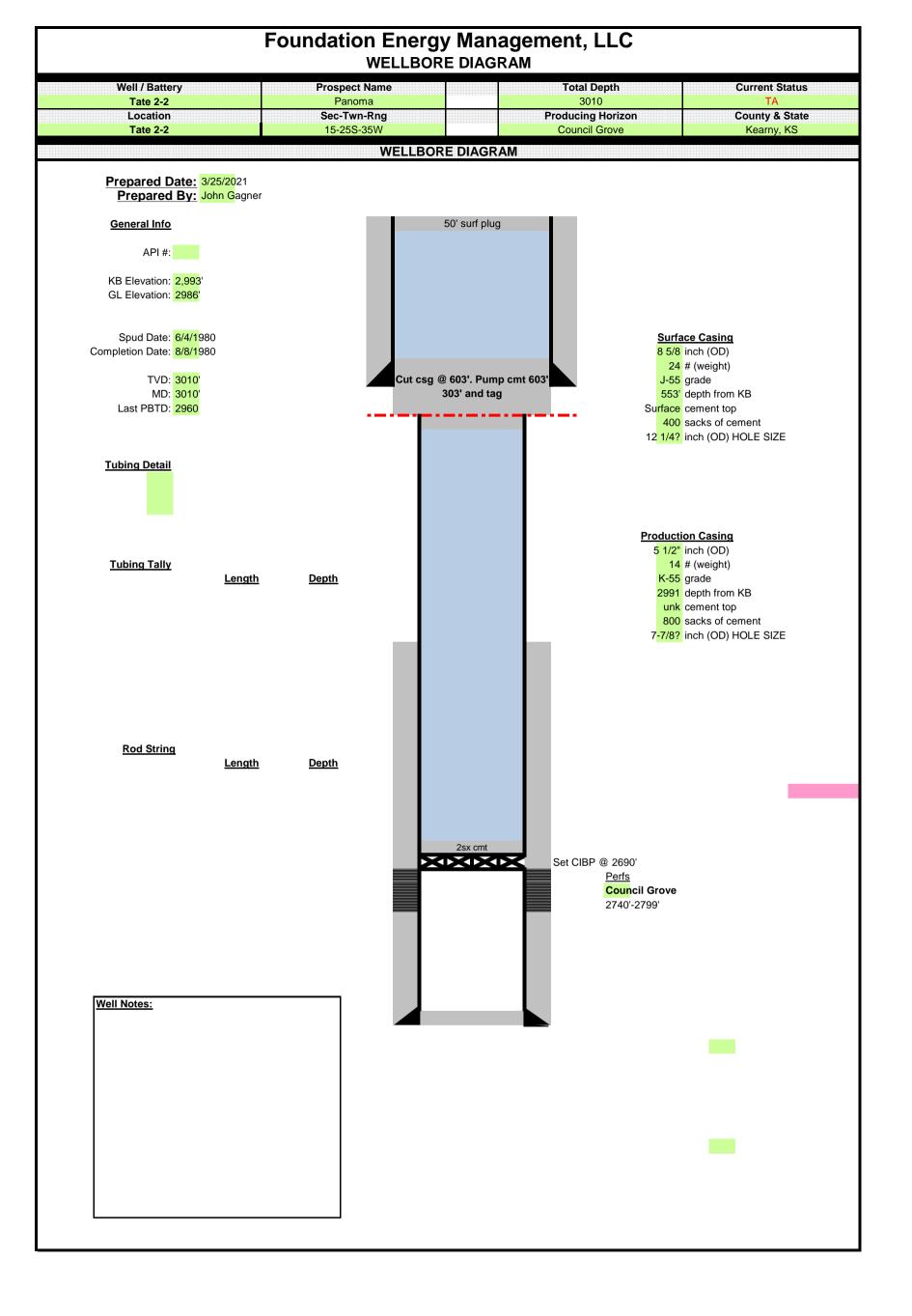
CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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) T-1 (Plugging Application)						
OPERATOR: License # 33725 Name: Management, LLC	Well Location: <u>NW_NW_SE</u> Sec.15Twp. 25S.R. 35 ☐ East 忆 We						
Address 1: 5057 KELLER SPRINGS RD, SUITE 650							
Address 2:	County: Kearny Lease Name: TATE Well #: 2-2						
City: ADDISON State: TX Zip: 75001 + 6583 Contact Person: Jeremy Jones	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:						
Phone: (972) 7072500 Fax: ()							
Email Address:							
Surface Owner Information:							
Name: Graham Farms INC	When filing a Form T-1 involving multiple surface owners, attach an addition 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 surface owner.						
Address 1: 2150 Road 220							
Address 2:	county, and in the real estate property tax records of the county treasurer.						
City: Deerfield State: KS Zip: 67838 +							
the KCC with a plat showing the predicted locations of lease roads, tan	odic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the pla on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted						
owner(s) of the land upon which the subject well is or will be I	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.						
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.						
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	g fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.						
Submitted Electronically							





Foundation Energy Management, LLC

Well / Battery	Prospect Name	Total Depth	Current Status
Tate 2-2	Panoma	3010	TA
Location	Sec-Twn-Rng	Producing Horizon	County & State
Tate 2-2	15-25S-35W	Council Grove	Kearny, KS

PA AND REMEDIATION

PROCEDURE

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 @ 2703

Dump bale 2sx cmt on CIBP

PSI test csg to 250#

RIH w/ jet cutter

Cut csg @ 651'

RIH tbg

Pump cmt from 651'-351'

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/

Laura Kelly, Governor

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

October 26, 2021

Graham Farms, Inc.

RE: Kansas Surface Owners Notice Act Form CP-1, Tate 2-2

API # 15-093-20689-00-00

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

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



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

Laura Kelly, Governor

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

October 26, 2021

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

Re: Plugging Application API 15-093-20689-00-00 TATE 2-2 SE/4 Sec.15-25S-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 24, 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 24, 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

FOUNDATION ENERGY MANAGEMENT, LLC DAILY WORKOVER REPORT

Date		Company			Well Name & Number		County	State	API N	umber	GL	KB
11/16/21		dation E	nergy								2993'	
Report Day		mpany	Rig Operator			Rig #	Daily Cost			tive Cost		nount
Root cause of W	DUN	IKIN	l F	RAFAEL VE	GA	23	\$14,27 Most recent WC	\$21,070 Company man		\$21 AFE A		
Koot cause of we	o .						1/0/190		00000		\$21	
Time	Log						1/0/190	U	000	000	ΨZI	,070
From	To	Hrs										
7:00AM	9:00AM	2	DROVE TO	LOCATION.	HELD JSA. RIG	UP PUMP EQ	UIPMENT. CIRCUL	ATE HOLE V	V/60BBLS I	MUD.		
9:00AM	11:00AM	2					UBING TO 800'. MI		OSX CMT F	ROM 800'-	SURFACE.	
11:00AM	12:30PM	1.5					URFACE CASING T					
12:30PM	1:30PM	1					CUT OFF & WELD S	STEEL ID PL	ATE 4' BGL			
1:30PM	2:00PM	0.5	FILL ALL H	OLES. MOVE	OFF LOCATIO	DN						
			ITP	ICP	IFL	Flowing	g/Shut-In (?)	FTP	FCP	FFL	Flowing/S	Shut-In (?)
TOTA	L HOURS:	7										
		foration Re					TUBING DE					
		PTH	1	.UGS	# Jts.	Desc.	Size Grade Thread Weight Length		Set @			
Formation	From	То	Frac Plug	CIBP								
								ļ				
								ļ				
								1				
						l .				l		

	Emissions information (per Day):							
	Model	Internal/ External (Check box)	HP	Hours operated				
Rig engine	0	External	0					
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		Company			Well Name & Numb	er	County State API Number G		GL	КВ		
11/15/21	Four	dation E	nergy		TATE #2-2	!	KEARNEY	KANSAS	00-000	-00000	2986'	2993'
Report Day	Rig Co			Rig Operator		Rig #	Daily Cost	ı	Cumula	tive Cost		PO Amount
1	DUN	IKIN		RAFAEL VE	GA	23	\$6,800)	\$6,	800		\$21,070
Root cause of Wo	0:						Most recent WO date Company man AFE Amount					
												\$21,070
Time	Log											+ = 1,010
From	То	Hrs	Enter well	info on WBD/	Cost Sheet sh	eets, it will carr	y over to this shee	t				
7:00AM	10:00AM	3	ROAD RIG	23 FOUIPME	NT TO LOCATI	ON HELD JSA	SPOT IN AND RIG	UP UNIT CH	HECK PRES	SSURES W	FII DEAD	
10:00AM	2:00PM	4					RODS. UNFLANG					TURING
2:00PM	4:00PM	2					2700' W/2SX CMT					TOBINO.
4:00PM	5:00PM	1					WELL. SHUTDOW		ODOWNE	TOTAL THINEL		
	0.001 111		11 2 0/0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		17.112 0200.12		• • • • • • • • • • • • • • • • • • • •				
			1									
			ITP	ICP	IFL	Flowing	g/Shut-In (?)	FTP	FCP	FFL		Flowing/Shut-In (?)
			1115	101	11°L	FIOWING	gronut-iii (:)	1111	105	172		i iowing/onat-iii (:)
TOT 4	L HOURS:	10	-	l	l .	l .		l				
IUIA					Ī			TUDU:	00 /=	D-44 `		
		foration Re			TUBING DESC. (Top to Bottom)							
		PTH		UGS	# Jts.	Desc.	Size	Grade	Thread	Weight	Length	Set @
Formation	From	То	Frac Plug	CIBP	ļ							

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