July 2017 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

OPERATOR: License#					API No. 15-																
Name:					API No. 15																
											Address 2:							feet from			
							feet from			of Section											
Contract Person:					GPS Location: Lat:, Long:																
Contact Person:					Datum: NAD27 NAD83 WGS84 County: Elevation: GL KB Lease Name: Well #: Well #: Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: ENHR Permit #: Text Permit #:																
Phone:()																					
																Spud Date:		Date S	hut-In:		
												Conductor	Surfa	се	Pro	oduction	Intermediat	e Li	ner	Tubing	J
											Size										
Setting Depth																					
Amount of Cement																					
Top of Cement																					
Bottom of Cement																					
Casing Fluid Level from Surf	ace:		_ How Deter	rmined?				D	ate:												
Casing Squeeze(s):	to w	/	sacks of cem	ent,	to	(hottom) W /	sacks of	cement. D)ate:												
رمان Do you have a valid Oil & Ga	• • •				(100)	(bottom)															
				0	–]v 🗀 v															
Depth and Type:																					
Type Completion: ALT.	I ALT. II Depth	of: DV Too	l:(depth)	w/_	sacks	of cement F	Port Collar:	w / .	sack o	of cement											
Packer Type: Size: Inch					Set at:		Feet														
Total Depth:	Plug Back Depth:				Plug Back Method:																
Geological Date:																					
Formation Name	Formatio	n Top Formation	on Base			Comp	etion Information														
l	·			Perfo	Perforation Interval to Feet or Open Hole Interval					Feet											
2		to					Feet or Open H														
-																					
INDED DENALTY OF BED	IIIBV I UEBEBV ATT	COT TUAT TUE	INFORMATI	ON CO	NITAINED HED	EIN IC TOLIE AN	D CODDECT TO T	JE DEST	DE MIV IZMOMILI	:DCE											
		5	Submitte	d Ele	ctronically	y															
Do NOT Write in This	NOT Write in This Date Tested: Results:					Date Plugge	d: Date Repaire	d: Date	e Put Back in Ser	vice:											
Space - KCC USE ONLY																					
Review Completed by:				_ Comn	nents:																
TA Approved: Yes	Denied Date	:																			
		Mail 4	o the Annro	nriate	KCC Conserv	ation Office:															
Mail to the Appropriate KCC Conservation Office: KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801									Phone 620.68	2 7033											
						Building 600, Suite 601, Wichita, KS 67226															
	KCC Dis	trict Office #2 -	. Ა45U N. K0C	к кoad,	building 600, S	ouite 601, Wichita	i, NO 6/226		Phone 316.33	7.7400											

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

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

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

April 21, 2022

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

Re: Temporary Abandonment API 15-119-21318-00-01 Crooked Creek 5-8 SE/4 Sec.08-33S-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 04/21/2023.
- * 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 04/21/2023.

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

Very truly yours,

Michael Maier"