## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#          |               |                   |            | API No. 15-          |                 |                              |                   |
|-----------------------------|---------------|-------------------|------------|----------------------|-----------------|------------------------------|-------------------|
| Name:                       |               |                   |            | Spot Descr           | iption:         |                              |                   |
| Address 1:                  |               |                   |            |                      | See             | c Twp S. R.                  | E W               |
| Address 2:                  |               |                   |            |                      |                 | feet from N /                |                   |
| City:                       | State:        | Zip:              | +          |                      |                 | feet from L E /              | W Line of Section |
| Contact Person:             |               |                   |            | GF 5 LUCau           |                 | g. xx.xxxxx)<br>D83          | (e.gxxx.xxxxx)    |
| Phone:()                    |               |                   |            |                      |                 | Elevation:                   |                   |
| Contact Person Email:       |               |                   |            | Lagas Nor            |                 | Well #:                      |                   |
| Field Contact Person:       |               |                   |            |                      | check one) 🗌 C  | )il 🗌 Gas 🗌 OG 🗌 WSW 🗌 O     | ther:             |
| Field Contact Person Phon   |               |                   |            |                      | ermit #:        | ENHR Permit                  | #:                |
|                             | 6.()          |                   |            |                      | orage Permit #: |                              |                   |
|                             |               |                   |            | Spud Date:           |                 | Date Shut-In:                |                   |
|                             | Conductor     | Surfac            | e          | Production           | Intermedia      | te Liner                     | Tubing            |
| Size                        |               |                   |            |                      |                 |                              |                   |
| Setting Depth               |               |                   |            |                      |                 |                              |                   |
| Amount of Cement            |               |                   |            |                      |                 |                              |                   |
| Top of Cement               |               |                   |            |                      |                 |                              |                   |
| Bottom of Cement            |               |                   |            |                      |                 |                              |                   |
| Casing Fluid Level from Su  | rface:        |                   | How Determ | ined?                |                 | Date                         | <b>-</b> .        |
| 0                           |               |                   |            |                      |                 | sacks of cement. Dat         |                   |
| Do you have a valid Oil & O | as Lease? Yes | No                |            |                      |                 |                              |                   |
| Depth and Type: Junk        | in Hole at    | <br>Tools in Hole | at         | Casing Leaks:        | Yes No [        | Depth of casing leak(s):     |                   |
|                             |               |                   |            |                      |                 |                              |                   |
|                             |               |                   | (depth)    | _w / sacks           |                 | Port Collar: w /             | sack of cemen     |
| Packer Type:                | Size: _       |                   |            | Inch Set at:         |                 | _ Feet                       |                   |
| Total Depth:                | Plug Ba       | ack Depth:        |            | Plug Back Meth       | od:             |                              |                   |
| Geological Date:            |               |                   |            |                      |                 |                              |                   |
| Formation Name              | Formatio      | n Top Formatio    | n Base     |                      | Comp            | letion Information           |                   |
|                             | At:           | to                | Feet       | Perforation Interval | to              | Feet or Open Hole Interval _ | to Fee            |
| 1                           |               |                   |            |                      |                 |                              |                   |

## 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                          | enied 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 |
| 100         100 <td>KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720</td> <td>Phone 620.902.6450</td>  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Ann beer loop and the loop and | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

| CASING MECHANICAL INTEGRITY TEST   | DOCKET #   |
|--|--|
| Disposal Enhanced Recovery:  | <u>SW_IVE_SW</u> Sec, TS, RE/  |
| Repressuring Flood   | $\frac{1665}{3647}$ Feet from South Section Line<br>Feet from East Section Line  |
| API     #15 - 191 - 19045 - 00 - 00  | Lease <u>lernon North Uni</u> Aveil # <u>2-1</u><br>County <u>Summer</u>   |
| Name &   | 120 Operator License # <u>35586</u><br>180 Contact Person / Aura Woods   |
| 201 11W Quia On Oren   | 16 Phone _ 405-205-4424  |
| Max. Auth. Injection Press. N/A psi<br>If Dual Completion - Injection above production   |  |
| Conductor     Surfa       Size     8.60       Set at     88       Cement Top     Surfa   |  |
| Bottom     B8*       DV/Perf.     N/A       Packer type     N/A       Zone of injection     ft. to ft.   | TD (and plug back) ft. depth<br>Size Set at//A<br>Perf. or Open hole   |
| Type MIT: Pressure Radioactive Tra   | cer Survey Temperature Survey  |
| Time: Start <u>O</u> Min. <u>15</u> M  | lin. <u>30</u> Min.  |
| Pressures: 3.50 psia 350 psia  | 350 Set up 1 System Pres. during test  |
| Supsig Supsig  |  |
| <u></u>  | Set up 2 Annular Pres. during test   |
|  |  |
| Tested: Casing I or Casing - Tu  |  |
|  | Set up 3 Fluid loss during test  |
| Tested: Casing I or Casing - Tu<br>The bottom of the tested zone is shut in with   | Set up 3 Fluid loss during test <u>0</u><br>bing Annulus <u>CIBP</u>   |
| Tested: Casing I or Casing - Tu<br>The bottom of the tested zone is shut in with   | Set up 3 Fluid loss during test <u>0</u><br>bing Annulus <u>CIBP</u><br><u>XICLIZE</u> Company's Equipment   |
| Tested: Casing $\square$ or Casing - Tu<br>The bottom of the tested zone is shut in with<br>Test Date $\underline{June 7, 2022}$ Using $\underline{Ma}$<br>The operator hereby certifies that the zone betw<br>was the zone tested $\underbrace{Jung Ma}_{avg}$  | Set up 3 Fluid loss during test 0<br>bing Annulus<br><u>CIBP</u><br><u>Xiclize</u><br>company's Equipment<br>reen 0 feet and <u>3393</u> feet<br><u>KEGKEMON K5</u><br>Title |
| Tested: Casing $\square$ or Casing - Tul<br>The bottom of the tested zone is shut in with<br>Test Date $\boxed{June 7, 2022}$ Using $\boxed{Ma}$<br>The operator hereby certifies that the zone betw<br>was the zone tested $\underbrace{June 9, 2022}_{Signature}$  | Set up 3 Fluid loss during test 0 bing Annulus CIBP Xiclize Company's Equipmen een O feet and 3393 feet KEGEMon K5 Title nal Not Satisfactory                                |
| Tested: Casing $\square$ or Casing - Tul<br>The bottom of the tested zone is shut in with<br>Test Date $\boxed{June 7, 2022}$ Using $\boxed{Ma}$<br>The operator hereby certifies that the zone betw<br>was the zone tested $\underbrace{June 7, 2022}_{Signature}$<br>The results were Satisfactory $\boxed{Margir}$  | Set up 3 Fluid loss during test 0 bing Annulus CIBP Xiclize Company's Equipment reen O feet and 3393 feet KEGK_Mon K5 Title nal Not Satisfactory                             |
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Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226

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



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Laura Kelly, Governor

June 09, 2022

Laura Woods SNR Kansas Operating, LLC P.O. Box 18251 OKLAHOMA CITY, OK 73116-7906

Re: Temporary Abandonment API 15-191-19045-00-00 VERNON NORTH UNIT 2-1A SW/4 Sec.09-35S-02E Sumner County, Kansas

Dear Laura Woods:

"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 06/09/2023.

\* 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 06/09/2023.

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

Very truly yours,

Dan Fox"