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

Size Setting Depth Amount of Cement Top of Cement Bottom of Cement Casing Fluid Level from Surface: How Determined? Casing Squeeze(s): (top) (top) Top of Cement	E We de of Section de of Section GL KB
Address 2:	e of Section e of Section GL KB
State: Zip: +	GL KB
City:State:Zip: +	GL KB
Contact Person:	GL KB
Phone:()	
Lease Name:	
Field Contact Person Phone: ()	
Gas Storage Permit #: Spud Date:	
Gas Storage Permit #: Spud Date: Date Shut-In:	
Size Setting Depth Amount of Cement Top of Cement Bottom of Cement Casing Fluid Level from Surface: How Determined? Casing Squeeze(s): (top) (top) Top of Cement	bing
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Amount of Cement Top of Cement Bottom of Cement Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date: Do you have a valid Oil & Gas Lease? Yes No	
Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): to to sacks of cement, to w / sacks of cement. Date: Do you have a valid Oil & Gas Lease?	
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Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date: Do you have a valid Oil & Gas Lease?	
Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date: Do you have a valid Oil & Gas Lease?	
Do you have a valid Oil & Gas Lease? Yes No	
Depth and Type: Junk in Hole at Tools in Hole at Casing Leaks: Yes No Depth of casing leak(s):	
(depth) (depth) Type Completion: ALT. I Depth of: DV Tool: w / sacks of cement Port Collar: w / sacks of cement (depth)	ck of cement
(deptn) (deptn) Packer Type: Size: Inch Set at: Feet	
Total Depth: Plug Back Depth: Plug Back Method:	
Geological Date:	
Formation Name Formation Top Formation Base Completion Information	- .
1 At: to Feet Perforation Interval to Feet or Open Hole Interval to	
2 At: to Feet Perforation Interval to Feet or Open Hole Interval to	———Feet
I INDED DENALTY OF DED HIDV I LIEDEDV ATTECT THAT THE INCODMATION CONTAINED LIEDEIN IS THE AND CORDECT TO THE DEST OF MY KNOW	II EDGE
Submitted Electronically	
Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in S	Service:
Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in State Plugged: Space - KCC USE ONLY	Service:
	Service:
Space - KCC USE ONLY	Service:
Space - KCC USE ONLY Review Completed by:	Service:
Space - KCC USE ONLY Review Completed by: Comments:	

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

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

CASING MECHANICAL INTEGRITY TEST	DOCKET#	
Disposal Enhanced Recovery:	NW NW SW Sec 9, T 35 S, R 2 E/FE	
MIT Repressuring	23/0 Feet from South Section Line	
MIT Repressuring Flood Flood Terxiary	4950 Feet from East Section Line	
for TAP Textiary		
Date injection started N/A	Lease Coggins Lease Well# /	
API #15 - 191 - 11094 -00-00	County	
Operator: SNR Ransas Operating All	Operator License # 35586	
Name &		
Address 301 NW 63rd 3tr. 3te. 400	Contact Person Jerry Ollen borger	
OKlapoma Cty OK 13116	Phone 620-660-2777	
Max. Auth. Injection Press. N/A psi;	Max. Inj. Rate MA bbl/d;	
If Dual Completion - Injection above production	NA Injection below production NA	
Conductor Surface		
Size N/A 8 % " Set at	$\frac{5/2}{2}$ $\frac{\sqrt{4}}{\sqrt{4}}$ Size $\frac{\sqrt{4}}{2}$	
Coment Ton	Set at	
" Bottom		
DV/Perf.	TD (and plug back) // ft. depth	
Packer type N/A	Size N/A Set at N/A	
Zone of injection $34/0$ ft. to ft.	3456 Perf. or Open hole 0#	
Type MIT: Pressure Radioactive Tracer Survey Temperature Survey Time: Start Min. 15 Min. 30 Min.		
다 보는 경식 2000의 전도 스크린 <u>경기에 대한</u> 경 중요한 <mark>연기하다</mark> 고 있다.	. <u>30</u> Min.	
Pressures: 305 psig 305 psig	305 Set up 1 System Pres. during test	
	Set up 2 Annular Pres. during test	
	Set up 3 Fluid loss during test bbls	
Tested: Casing or Casing - Tubin	ng Annulus	
The bottom of the tested zone is shut in with	[10]	
Test Date 6-22-2027 Using Maxim		
The operator hereby certifies that the zone between		
was the zone tested X Ollelor	x KG PORMON	
○ () Signature	Title	
The results were Satisfactory / Marginal	Not Satisfactory	
1 - 101-1		
State Agent Mars 1. Fox Title	ECR3 Witness: Yes No No	
Remarks:		
Orgin. Conservation Div.;	KDHE/T; Dist. Office;	
Computer Update	KCC Form U-7 6/84	

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



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

Laura Kelly, Governor

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

June 22, 2022

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

Re: Temporary Abandonment API 15-191-11094-00-00 COGGINS LEASE 1 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 06/22/2023.
- * 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 06/22/2023.

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

Very truly yours,

Dan Fox"