KOLAR Document ID: 1658103

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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:  |                   |   |               | Spot Description:  |  |                      |                     |           |           |         |    |            |              |               |        |
| Address 1:   |                   |   |               | Sec Twp S. R EW  |  |                      |                     |           |           |         |    |            |              |               |        |
| Address 2:   |                   |   |               |  |  | feet from N          | / S Line of Section |           |           |         |    |            |              |               |        |
| City:  |                   |   |               | GPS Location: Lat:   |  |                      |                     |           |           |         |    |            |              |               |        |
|  |                   |   |               |  |  |                      |                     | Phone:( ) |           |         |    |            |              |               | GL KB  |
| Contact Person Email:  |                   |   |               |  | e:   |                      |                     |           |           |         |    |            |              |               |        |
|  |                   |   |               | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #:  Spud Date: Date Shut-In: |  |                      |                     |           |           |         |    |            |              |               |        |
|  |                   |   |               |  |  |                      |                     |           |           |         |    | Spud Date: |              | Date Shut-In: |        |
|  |                   |   |               |  |  |                      |                     |           | Conductor | Surface | Pr | oduction   | Intermediate | Liner         | Tubing |
| Size   |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Setting Depth  |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Amount of Cement   |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Top of Cement  |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Bottom of Cement   |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Casing Fluid Level from Sur  | face:             | How   | Determined?   | 1  |  | г                    | Jate:               |           |           |         |    |            |              |               |        |
| Casing Fluid Level from Surface:       How Determined?       Date: |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| (top)  | (bottom)          |   |               | (top)  | (bottom)   | cacks of comonic i   |                     |           |           |         |    |            |              |               |        |
| Do you have a valid Oil & G  | as Lease? Yes     | No  |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Depth and Type:  | n Hole at [       | Tools in Hole at                            | Ca            | sing Leaks:  | Yes No Depth of  | f casing leak(s):    |                     |           |           |         |    |            |              |               |        |
| Type Completion: ALT.  |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Packer Type:   |                   |   |               |  |  | (See )               |                     |           |           |         |    |            |              |               |        |
| Total Depth:   | Plug Bad          | ck Depth:                                   |               | Plug Back Meth   | od:  |                      |                     |           |           |         |    |            |              |               |        |
| Geological Date:   |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Formation Name Formation Top Formation Base Completion Information |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| 1  | At: to Feet Perfo |   |               | oration Interval to Feet or Open Hole Interval to Feet   |  |                      |                     |           |           |         |    |            |              |               |        |
| 2  | At:               | to F  | eet Perfo     | ration Interval.   | to Feet  | or Open Hole Interva | al toFeet           |           |           |         |    |            |              |               |        |
|  |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| IINDED DENALTY OF DED  | IIIDVIUEDEDV ATTE | CT TU AT TUE INICO                          | ON ATION CO   | NITAINED HED   | EIN IS TOLIE AND COD                                   | DECT TO THE DECT     | OE MV KNOW! EDGE    |           |           |         |    |            |              |               |        |
|  |                   | Subm  | nitted Ele    | ctronicall   | y  |                      |                     |           |           |         |    |            |              |               |        |
|  |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Do NOT Write in This   |                   |   |               |  | Date Plugged: Date Repaired: Date Put Back in Service: |                      |                     |           |           |         |    |            |              |               |        |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY   |                   |   |               | Date Flugged. Date Repaired. Date Fut back in Service.   |  |                      |                     |           |           |         |    |            |              |               |        |
|  |                   |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
| Review Completed by:   |                   |   | Comr          | nents:   |  |                      |                     |           |           |         |    |            |              |               |        |
| TA Approved: Yes   | Denied Date:      |   |               |  |  |                      |                     |           |           |         |    |            |              |               |        |
|  |                   | Mail to the A                               | Appropriate   | KCC Conserv  | vation Office:   |                      |                     |           |           |         |    |            |              |               |        |
| Depart State State State State State and State                     | KCC Distr         | ict Office #1 - 210 E.                      | Frontview, Su | ite A, Dodge Ci  | ty, KS 67801   |                      | Phone 620.682.7933  |           |           |         |    |            |              |               |        |
|  | KCC Distr         | KCC District Office #2 - 3450 N. Rock Road, |               |  | Suite 601, Wichita, KS 67                              | Phone 316.337.7400   |                     |           |           |         |    |            |              |               |        |

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

July 28, 2022

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

Re: Temporary Abandonment API 15-093-20209-00-00 MASONIC HOME 5-2 NW/4 Sec.34-25S-36W Kearny County, Kansas

## Dear ANGIE CATE:

- "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 07/28/2023.
- \* 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 07/28/2023.

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

Very truly yours,

Michael Maier"