

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone:(_____) _____
Contact Person Email: _____
Field Contact Person: _____
Field Contact Person Phone: (_____) _____

API No. 15- _____
Spot Description: _____
- - - - - Sec. _____ Twp. _____ S. R. _____ E W
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
GPS Location: Lat: _____, Long: _____
Datum: NAD27 NAD83 WGS84
County: _____ Elevation: _____ GL KB
Lease Name: _____ Well #: _____
Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
Spud Date: _____ Date Shut-In: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, 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
Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Table with 2 columns: Formation Name, Completion Information. Rows 1 and 2 for formation details.

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY
Date Tested: _____ Results: _____ Date Plugged: _____ Date Repaired: _____ Date Put Back in Service: _____
Review Completed by: _____ Comments: _____
TA Approved: Yes Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

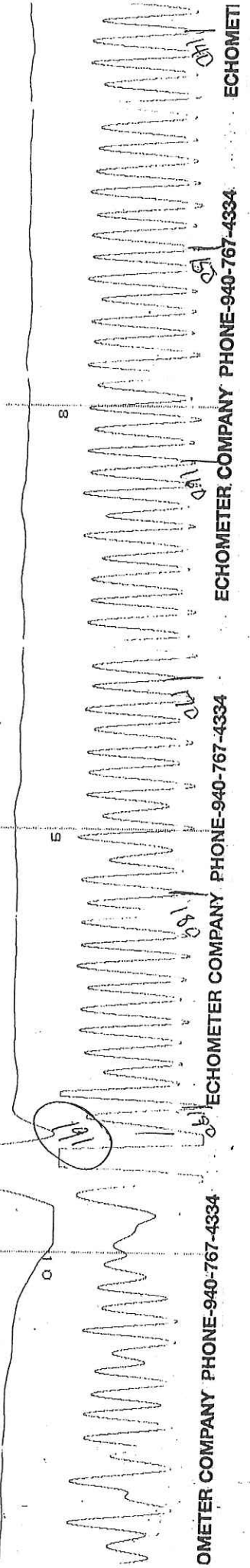
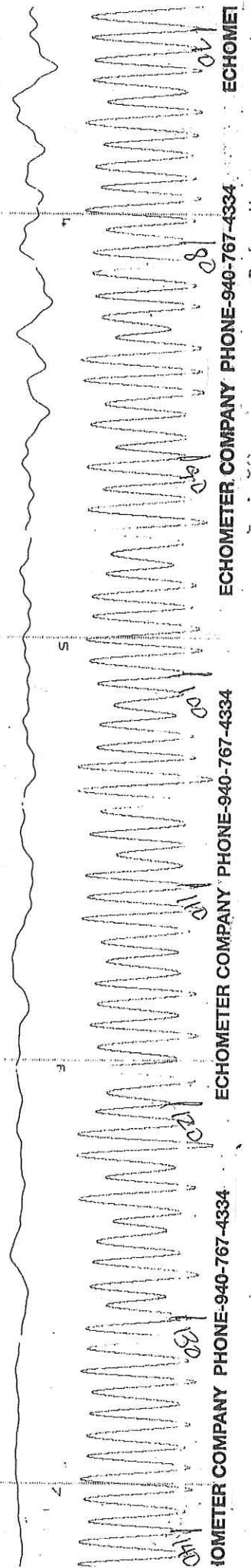
Table with 2 columns: Office Address, Phone. Rows for KCC District Office #1 through #4.

PRECISION WIRELINE and TESTING
 P.O. BOX 560
 LIBERAL, KANSAS 67905-0560
 620-629-0204

PRODUCER MIDWESTERN EXPLORATION
 WELL NAME STREETER 1-15
 LOCATION 15-35S-35W
 COUNTY STEVENS STATE KS

CSG WT SET @ TD PB GL
 TBG WT SET @ SN PKR KB
 PERFS TO TAPS TO ORIFICE PCR TO
 PROVER METER @ GM RESERVOIR
 GC API

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA						LIQUIDS		TYPE TEST:	INITIAL ANNUAL	SPECIAL RETEST	ENDING DATE
		CSG PSIG	A P CSG	TBG PSIG	A P TBG	BHP, PSIG	A P BHP	PRESS PSIG	DIFF.	TEMP	Q	MCFD	COND BBL.S.	COND BBL.S.	WATER BBL.S.				
TUESDAY																			
3-7-23																			3-7-23
1215		131.5		131.3															ASSUME AVERAGE JT. LENGTH = 31.50'
																			CONDUCT LIQUID LEVEL DETERMINATION TEST
																			SHOT JTS TO DISTANCE
																			# FLUID TO FLUID
																			1 191.0 6017'
																			2 191.0 6017'



March 09, 2023

Dale J. Lollar
Midwestern Exploration Company
3500 S BOULEVARD STE 2B
EDMOND, OK 73013-5487

Re: Temporary Abandonment
API 15-189-22633-00-00
STREETER 1-15
NW/4 Sec.15-35S-35W
Stevens County, Kansas

Dear Dale J. Lollar:

"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 03/09/2024.

- * 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 03/09/2024.

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

Very truly yours,

Michael Maier"