

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

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

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
_____ Feet from North / South Line of Section
_____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____

Address: _____ City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Plugging Contractor License #: _____ Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2021

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**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

County: _____

Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (see Chapter 55 of the Kansas Statutes Annotated), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Foundation Energy Management, LLC
Well Name	JENSEN 44-15
Doc ID	1703700

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1272	1308	Niobrara	

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
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Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
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Address: _____ City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

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Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

County: _____

Lease Name: _____ Well #: _____

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Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

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I Submitted Electronically

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Form	CP1 - Well Plugging Application
Operator	Foundation Energy Management, LLC
Well Name	JENSEN 44-15
Doc ID	1508175

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1272	1308	Niobrara	

Foundation Energy Management, LLC

WELLBORE DIAGRAM

Well / Battery	Prospect Name	Total Depth	Current Status
2022 Kansas PA Package	JENSEN 44-15	1475	PA
Location	Sec-Twn-Rng	Producing Horizon	County & State
TRI-STATES	15-04S-38W	NIOBRARA	CHEYENNE, KS

CURRENT WELLBORE DIAGRAM

Prepared Date:
 Prepared By:

JENSEN 44-15

General Info

API #: 15-023-21323-00-00
 KB Elevation: 3486
 GL Elevation: 3480
 Spud Date: 9/4/2011
 Completion Date: 9/30/2011

TVD:
 MD: 1475
 Last PBDT: 1433
 Original PBDT:

Tubing Detail

inch(OD)
 # (weight)
 grade

Tubing Tally



Length



Depth

0
0
0
0
0
0
0

Surface Casing

7 inch (OD)
 17 # (weight)
 50/50 POZ grade
 396.4 depth from KB
 0 cement top Visual Returns
 190 sacks of cement
 9 7/8 inch (OD) HOLE SIZE

Rod Design



length



depth

0
0
0
0
0
0
0

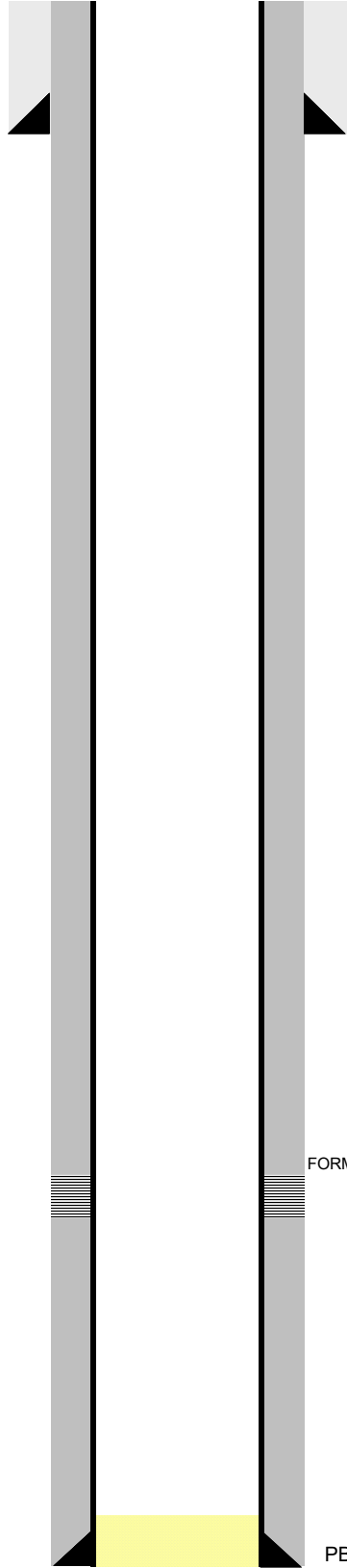
Production Casing

4.5 inch (OD)
 10.5 # (weight)
 5050/POZ grade
 1473 depth from KB
 0 cement top CBL
 117 sacks of cement
 6.25 inch (OD) HOLE SIZE

Pump Details:

Pumping Unit Details:

Well Notes:



FORMATION NIOBRARA TOP 1272'

Open Perforations

1272-1308

TD: 1475

PBDT: 1433

Foundation Energy Management, LLC

WELLBORE DIAGRAM

Well / Battery	Prospect Name	Total Depth	Current Status
2022 Kansas PA Package	JENSEN 44-15	1475	PA
Location	Sec-Twn-Rng	Producing Horizon	County & State
TRI-STATES	15-04S-38W	NIOBRARA	CHEYENNE, KS

PROPOSED WELLBORE DIAGRAM

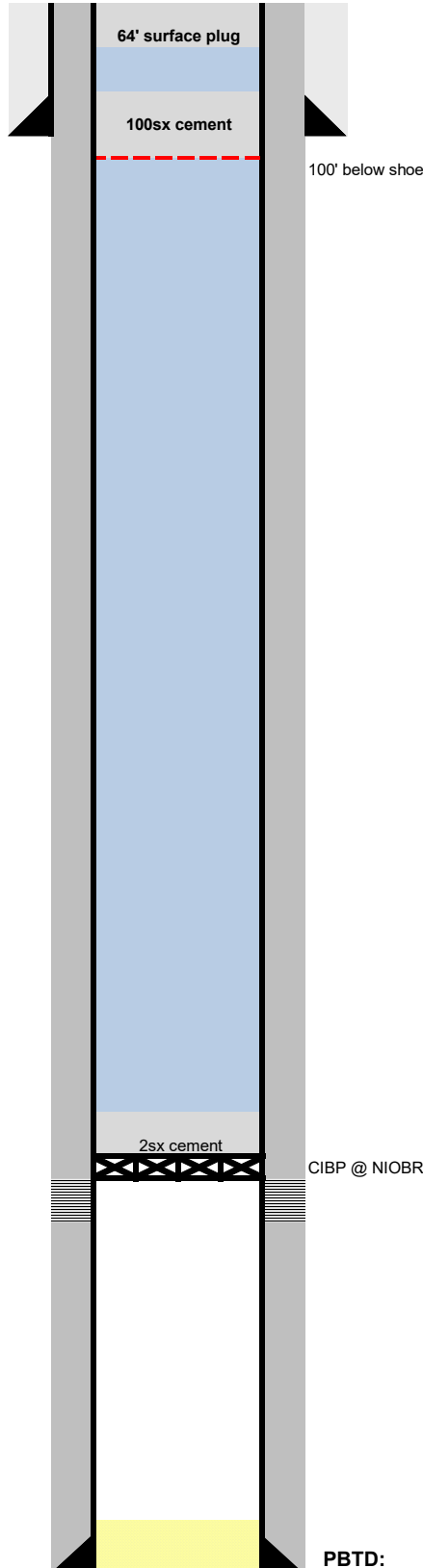
Prepared Date:
 Prepared By:

JENSEN 44-15

General Info

API #:
 KB Elevation:
 GL Elevation:
 Spud Date:
 Completion Date:
 TVD:
 MD:
 Last PBDT:
 Original PBDT:

Tubing Detail



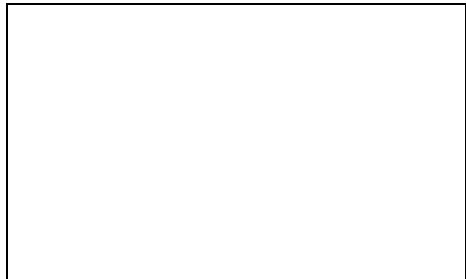
Surface Casing
 7 inch (OD)
 17 # (weight)
 50/50 POZ grade
 396.4 depth from KB
 0 cement top Visual Returns
 190 sacks of cement
 9 7/8 inch (OD) HOLE SIZE

Production Casing
 4.5 inch (OD)
 10.5 # (weight)
 5050/POZ grade
 1473 depth from KB
 0 cement top CBL
 117 sacks of cement
 6.25 inch (OD) HOLE SIZE

Open Perforations
 1272
 1308

CIBP @ NIOBRARA FORMATION

PBDT:



Foundation Energy Management, LLC
Drilling - Completion - Workover - Facilities
PROCEDURE

AFE No.: 0		AFE Amount DRILLING \$0	
AFE Type: PLUG AND ABANDON		COMPLETIONS \$0	
AFE Category: CAPEX		Total (Gross): \$0	
WI: 0%	NRI: 0%	AFE Date: 1/31/2022	Total (Net): \$0
Well / Battery 2022 Kansas PA Package	Prospect Name JENSEN 44-15	Total Depth 1475	Est. Start Date 9/20/2022
Location TRI-STATES	Sec-Twn-Rng 15-04S-38W	Producing Horizon NIOBRARA	County & State CHEYENNE,KS

AFE Description
PA AND REMEDIATION

PROCEDURE

1. File intent to abandon forms for KCC
2. Notify KCC 48 hrs in advance of start date
3. Travel to location, with Rig and Cement equipment, RU all equipment
4. Conduct Bradenhead test prior to starting
5. N.D well head, N.U B.O.P
6. POOH tubing
7. RU Wireline
8. RIH wireline and set CIBP @ past productive formation
Jensen 44-15, Niobrara, CIBP @ top 1272'
9. Dump bale 2 sx
10. Pressure test CSG to 500 PSI, 15 min
11. Load hole with mud
12. File HWP
13. Weld onto 4 1/2" csg
14. Cut off @ 100' below shoe
Jensen 44-15, @ 496'
15. POOH w 4 1/2" csg
16. Pump 100sx cmt from
Jensen 44-15, 496' - 196'
17. Pump 20sx Class G Cement in/out from 64'-surf
18. Dig well head out 4 FT below ground surface.
19. Cut and cap
20. Take pic off well bore full of cement.
21. Weld on Info plate (Operator Name, Fed Lease Serial Number, Well #,STR).
22. Take pic of info Plate, back fill hole, clean up cement equipment. Take pic of covered location.
23. File subsequent PA forms with KCC
24. Reclaim well site to State and Owner requirements

September 08, 2022

Alyssa Beard
Foundation Energy Management, LLC
5057 Keller Spring Road
Suite 650
ADDISON, TX 75001-6583

Re: Plugging Application
API 15-023-21323-00-00
JENSEN 44-15
SE/4 Sec.15-04S-38W
Cheyenne County, Kansas

Dear Alyssa Beard:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 261-6250. Failure to notify DISTRICT 4, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after March 07, 2023. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The March 07, 2023 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 4



Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513

Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

March 09, 2023

Alyssa Beard
Foundation Energy Management, LLC
5057 Keller Spring Road
Suite 650
ADDISON, TX 75001-6583

Re: Plugging Application
API 15-023-21323-00-00
JENSEN 44-15
SE/4 Sec.15-04S-38W
Cheyenne County, Kansas

Dear Alyssa Beard:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 4 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 4's phone number is (785) 261-6250. Failure to notify DISTRICT 4, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

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This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after September 05, 2023. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The September 05, 2023 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 4