KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

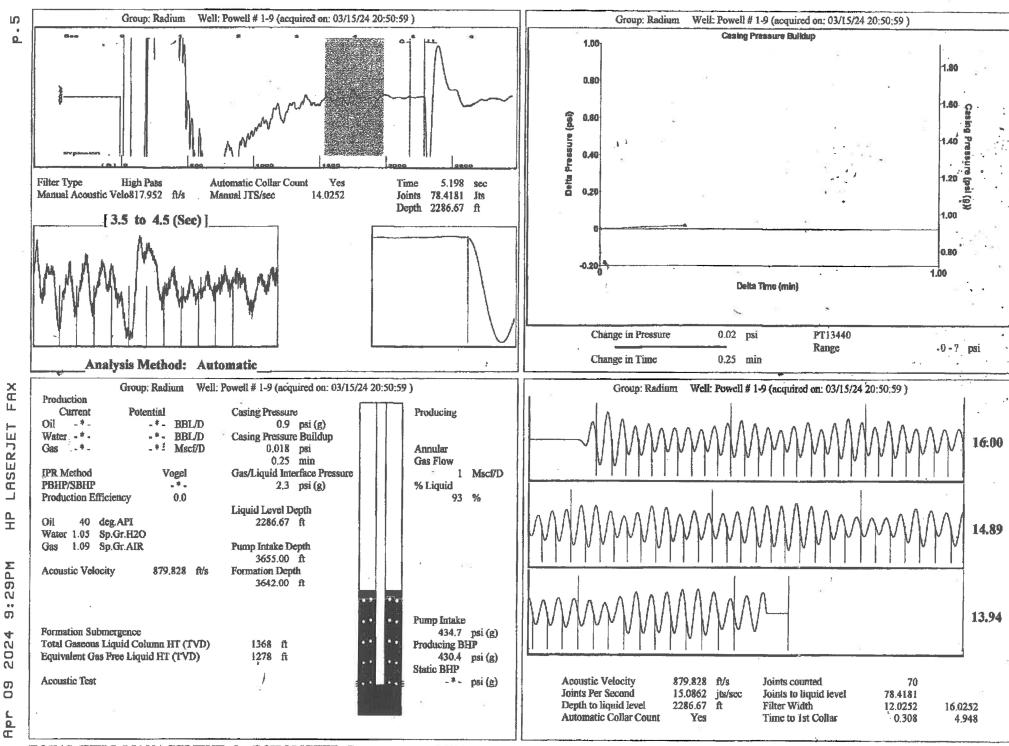
Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| Address 1:   | OPERATOR: License#          |                           |                                     |          | API No. 15-       |              |  |                 |          |         |      |
|--|-----------------------------|---------------------------|-------------------------------------|----------|-------------------|--------------|--|-----------------|----------|---------|------|
| State   Zip  | Name:                       |                           |                                     |          |                   |              |  |                 |          |         |      |
|  | Address 1:                  |                           |                                     |          |                   | Sec.         | T\                                     | vp S            | i. R     | [ E     | :w   |
| State   Zip:   | Address 2:                  |                           |                                     |          |                   |              |  | =               | =        |         |      |
| Contact Person:  | City:                       | State:                    | feet from L E / L W Line of Section |          |                   |              |  |                 |          |         |      |
| Phone:(  |                             | GPS Location: Lat:, Long: |                                     |          |                   |              |  |                 |          |         |      |
| Lease Name:  |                             |                           |                                     |          |                   |              |  | □GL             | ∏ KB     |         |      |
| Well Type: (check one)   Oil   Gas   OG   WSW   Other:   SWD Permit #:   SND Date Shut-in:   SND Date Shut-i   | ,                           |                           |                                     |          |                   |              |  |                 |          |         |      |
| SWD Permit #:  |                             |                           | Well Type: (check one)              |          |                   |              |  |                 |          |         |      |
| Gas Storage Permit #:  |                             |                           |                                     |          |                   |              |  |                 | ermit #: |         |      |
| Conductor   Surface   Production   Intermediate   Liner   Tubir  | ricia comacti cisoni i none | ()                        |                                     |          |                   |              |  |                 |          |         |      |
| Size  Setting Depth  Amount of Cement  Top of Cement  Bottom of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cemen |                             |                           |                                     |          | Spud Date:        |              | [                                      | Date Shut-In: _ |          |         |      |
| Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:  |                             | Conductor                 | Surface                             | Pro      | oduction          | Intermediate |  | Liner           |          | Tubing  |      |
| Amount of Cement  Top of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement, (top) to (bottom) w/ sacks of cement. Date: Do you have a valid Oil & Gas Lease? Yes No Depth and Type: Junk in Hole at (depth) Tools in Hole at (depth) W/ sacks of cement Port Collar: (depth) w/ sacks of cement Port Collar: Feet  Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) W/ sacks of cement Port Collar: (depth) W/ sacks of cement Port Collar: 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 Submitted Electronically  Submitted Electronically  | Size                        |                           |                                     |          |                   |              |  |                 |          |         |      |
| Top of Cement  Bottom of Cement  Casing Fluid Level from Surface:  | Setting Depth               |                           |                                     |          |                   |              |  |                 |          |         |      |
| Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement, (top) to (bottom) w/ sacks of cement. Date: Do you have a valid Oil & Gas Lease? Yes No Depth and Type: Junk in Hole at (depth) Tools in Hole at (depth) Size: No Depth of casing leak(s): Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) w/ sacks of cement Port Collar: w/ sacks of cement Port Collar: w/ sacks of cement Port Collar: W/ sacks Type: Size: Inch Set at: Feet  Total Depth: Plug Back Depth: Plug Back Method: Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Submitted Electronically  Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in See  | Amount of Cement            |                           |                                     |          |                   |              |  |                 |          |         |      |
| Casing Fluid Level from Surface:   | Top of Cement               |                           |                                     |          |                   |              |  |                 |          |         |      |
| Casing Squeeze(s):   | Bottom of Cement            |                           |                                     |          |                   |              |  |                 |          |         |      |
| Submitted Electronically  Do NOT Write in This  Date Tested:  Results:  Date Plugged:  Date Repaired:  Date Put Back in Se   | Depth and Type:             | n Hole at                 | Tools in Hole at                    | w / Inch | sacks Set at:     | of cement Po | rt Collar:<br>Feet<br><br>tion Informa | (depth) W       | v /      | sack of |      |
| Submitted Electronically  Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Se  | 2                           | At:                       | to Fee                              | t Perfo  | ration Interval _ | to           | Feet or O                              | pen Hole Inter  | rval     | to      | Feet |
|  | Do NOT Write in This        | Date Tested:              | Submitt                             | ted Ele  |                   | <i>'</i>     |  |                 |          |         |      |
| Review Completed by: Comments:   | Review Completed by:        |                           |                                     | Comm     | nents:            |              |  |                 |          |         |      |
| TA Approved: Yes Denied Date:  | TA Approved: Yes            |                           |                                     |          |                   |              |  |                 |          |         |      |

## 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 |
| The contract of the contract o | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Sime Street Service State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

## 04/10/2024

Loveness Mpanje F. G. Holl Company L.L.C. 9431 E CENTRAL STE 100 WICHITA, KS 67206-2563

Re: Temporary Abandonment API 15-185-23213-00-00 POWELL 1-9 SE/4 Sec.09-21S-14W Stafford County, Kansas

## Dear Loveness Mpanje:

"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 04/10/2025.

- \* 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 04/10/2025.

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

Very truly yours,

Michael Maier"