KOLAR Document ID: 1777659

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:  |                        |  |              |  | •  | Twp S.                  |                  |  |           |         |    |            |              |                 |        |
| Address 2:  |                        |  |              |  |  | feet from               | N / S Line of Se |  |           |         |    |            |              |                 |        |
|   |                        |  |              |  |  | feet from               |                  |  |           |         |    |            |              |                 |        |
| City:         +   |                        |  |              | GPS Location: Lat:   |  |                         |                  |  |           |         |    |            |              |                 |        |
|   |                        |  |              |  |  | 3                       |                  |  |           |         |    |            |              |                 |        |
| Phone:( )  Contact Person Email:  Field Contact Person:  Field Contact Person Phone:( ) |                        |  |              |  |  | Elevation W             |                  |  |           |         |    |            |              |                 |        |
|   |                        |  |              | Well Type: (check one)  Oil  Gas  OG  WSW Other:  SWD Permit #: ENHR Permit #: |  |                         |                  |  |           |         |    |            |              |                 |        |
|   |                        |  |              |  |  |                         |                  |  |           |         |    | 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 Surfa   | ace.                   | Hov  | w Determined | >  |  |                         | Date:            |  |           |         |    |            |              |                 |        |
| Casing Squeeze(s):  |                        |  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Do you have a valid Oil & Gas   |                        | _  |              | (top)  | (bottom)   |                         |                  |  |           |         |    |            |              |                 |        |
| •   |                        | -  |              | _  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Depth and Type:   | Hole at                |  | Ca           | asing Leaks:   | Yes No De  | epth of casing leak(s): |                  |  |           |         |    |            |              |                 |        |
| Type Completion: ALT. I   | ALT. II Depth of       | f: DV Tool:  | denth) W /   | sacks  | s of cement Po   | rt Collar: w            | / sack of ce     |  |           |         |    |            |              |                 |        |
| Packer Type:  |                        | ,  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Total Depth:  | Plug Bac               | k Depth:   |              | Plug Back Meth   | od:  |                         |                  |  |           |         |    |            |              |                 |        |
| Geological Date:  |                        |  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
| Formation Name  | Formation <sup>-</sup> | Formation Top Formation Base   |              |  | Completion Information                                 |                         |                  |  |           |         |    |            |              |                 |        |
| 1   | At:                    | to   | Feet Perfo   | oration Interval   | to   | Feet or Open Hole Inter | val to           |  |           |         |    |            |              |                 |        |
| 2   | At:                    | to   | Feet Perfo   | oration Interval -   | to   | Feet or Open Hole Inter | val to           |  |           |         |    |            |              |                 |        |
| UNDER BENALTY OF BER I  |                        | OT TILLT THE INCO  |              |  | EIN 10 TRUE AND  |                         |                  |  |           |         |    |            |              |                 |        |
| TRINES DERINITO AL DEST   | THE THE BEBLOOK ATTE   |  |              |  |  | TABLET IN THE BEST      |                  |  |           |         |    |            |              |                 |        |
|   |                        | Subr   | nitted Ele   | ectronicall  | У  |                         |                  |  |           |         |    |            |              |                 |        |
| Do NOT Write in This Date Tested: Results   |                        |  | Results:     | Date Plugged: Date Repaired: Date Put Back in Service:                         |  |                         |                  |  |           |         |    |            |              |                 |        |
| Space - KCC USE ONLY  | Date lested.           | Pate resieu. Results:  |              |  | Date Hugged. Date Repaired. Date Fut Back in Oct Vice. |                         |                  |  |           |         |    |            |              |                 |        |
| Review Completed by:  |                        |  | Comi         | ments:   |  |                         |                  |  |           |         |    |            |              |                 |        |
| TA Approved: Yes  | Denied Date:           |  |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |
|   |                        | Mail to the  | Appropriate  | KCC Conserv  | ration Office:   |                         |                  |  |           |         |    |            |              |                 |        |
| Down late from the late and had   | KCC Distri             | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801           |              |  |  |                         | Phone 620.682.79 |  |           |         |    |            |              |                 |        |
|   |                        | KCC Dietrict Office #2 - 2450 N. Pock Poad Building 600 Suite 601 Wichita KS 67226 |              |  |  |                         |                  |  |           |         |    |            |              |                 |        |

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

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

## 05/15/2024

Joseph Forma O'Brien Energy Resources Corp. 18 CONGRESS ST, STE 207 PORTSMOUTH, NH 03801-4091

Re: Temporary Abandonment API 15-119-21301-00-00 COTTRELL 1-9 SW/4 Sec.09-33S-29W Meade County, Kansas

## Dear Joseph Forma:

"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 05/15/2025.

- \* 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 05/15/2025.

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

Very truly yours,

Michael Maier"