KOLAR Document ID: 1788282

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

| OPERATOR: License#   |  |                     |                  | API No. 15-        |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
|--|--|---------------------|------------------|--------------------|---|-----------------------|--------------------------|--|----------------------------|-----------|---------|-----|------------|-----------------|---------------|--------|
| Name:  |  |                     |                  |                    | ription:                                  |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Address 1:   |  |                     |                  |                    | •   |                       | R 🗌 E 🦳 W                |  |                            |           |         |     |            |                 |               |        |
| Address 2:   |  |                     |                  |                    |   | ·                     | N / S Line of Section    |  |                            |           |         |     |            |                 |               |        |
|  |  |                     |                  |                    |   |                       | E / W Line of Section    |  |                            |           |         |     |            |                 |               |        |
| City:       State:       Zip:  |  |                     |                  | GPS Location: Lat: |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
|  |  |                     |                  |                    |   |                       |                          |  | rield Contact Person Phone | e:( )     |         |     |            | orage Permit #: |               |        |
|  |  |                     |                  |                    |   |                       |                          |  |                            |           |         |     | Spud Date: | :               | Date Shut-In: |        |
|  |  |                     |                  |                    |   |                       |                          |  |                            | Conductor | Surface | Pro | oduction   | Intermediate    | Liner         | Tubing |
|  |  |                     |                  |                    |   |                       |                          |  | Size                       |           |         |     |            |                 |               |        |
| Setting Depth  |  |                     |                  |                    |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Amount of Cement   |  |                     |                  |                    |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Top of Cement  |  |                     |                  |                    |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Bottom of Cement   |  |                     |                  |                    |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Casing Squeeze(s):  (top,  Do you have a valid Oil & G  Depth and Type:  Junk  Type Completion:  ALT  Packer Type: | Sas Lease? Yes [ in Hole at (depth)  T.I ALT. II Depth | No Tools in Hole at | Ca<br>pth) w / _ | sing Leaks:sack    | Yes No Depth of Soft Comment Port Comment | of casing leak(s):    |                          |  |                            |           |         |     |            |                 |               |        |
| Total Depth:   | Plug Ba  | ack Depth:          |                  | Plug Back Meth     | nod:                                      |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Geological Date:   |  |                     |                  |                    |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Formation Name   | Formation  | Top Formation Base  |                  |                    | Completion I                              | nformation            |                          |  |                            |           |         |     |            |                 |               |        |
| 1  | At:  | to Fee              | et Perfo         | ration Interval    | to Fee                                    | t or Open Hole Interv | /al toFeet               |  |                            |           |         |     |            |                 |               |        |
| 2  | At:  | to Fee              | et Perfo         | ration Interval    | to Fee                                    | t or Open Hole Interv | /al toFeet               |  |                            |           |         |     |            |                 |               |        |
|  |  |                     |                  |                    |   | ·                     |                          |  |                            |           |         |     |            |                 |               |        |
| INDED DENALTY OF DEE   | IIIDVIUEDEDVATT  | ECT TUAT TUE INCODM | IATION CO        | NITAINED HEE       | DEIN IS TOLIE AND COL                     | DECT TO THE BEST      | OE MV KNOW! EDGE         |  |                            |           |         |     |            |                 |               |        |
|  |  | Submit              | ted Ele          | ectronicall        | У   |                       |                          |  |                            |           |         |     |            |                 |               |        |
| Do NOT Write in This<br>Space - KCC USE ONLY   |  |                     | Results:         |                    | Date Plugged:                             | Date Repaired: Da     | ate Put Back in Service: |  |                            |           |         |     |            |                 |               |        |
| Review Completed by:   |  |                     | Comr             | nents:             |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
| TA Approved: Yes   | Denied Date  | :                   |                  |                    |   |                       |                          |  |                            |           |         |     |            |                 |               |        |
|  |  |                     |                  |                    |   |                       |                          |  |                            |           |         |     |            |                 |               |        |

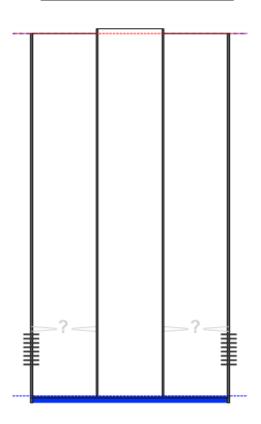
### Mail to the Appropriate KCC Conservation Office:

| these base from two tops on and first many made was form   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The control of the co | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Similar State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |





## **Producing Shot Manual Input**

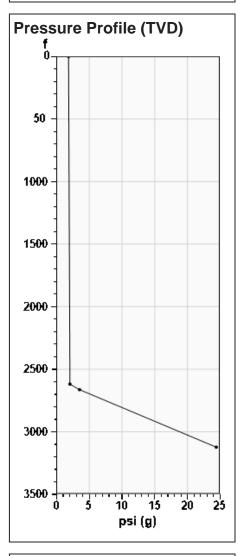


## **Manually Entered Production**

Liquid Level 3065 ft Percent Liquid 100.00%

## Static Bottomhole Pressure 107.2 psi (g) @ 2822 ft TVD

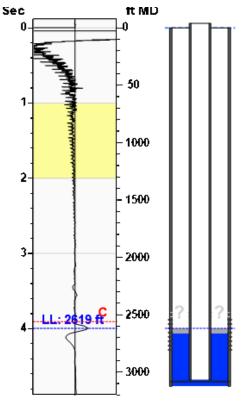
2619 ft MD Static Liquid Level 45 ft MD Oil Column Height 159 ft MD Water Column Height

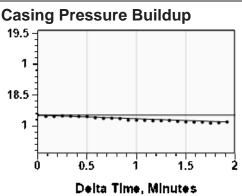


#### **Well Test** Oil 10 BBL/D Water 90 BBL/D

## **Comments and** Recommendations

#### **Static Shot** 07/23/2024 12:28:47PM





Casing Pressure 18.2 psi (g) Buildup -0.1 psi (g) Buildup Time 1 min 55 sec Gas Gravity  $0.6963 \, Air = 1$ 

# **Casing Pressure**

Pressure 18.2 psi (g)

## **Annular Gas Flow**

Gas Flow 0.0 Mscf/D 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

#### 08/06/2024

LAURA SAVAGE
Pantera Energy Company
817 S POLK ST STE 201
AMARILLO, TX 79101-3433

Re: Temporary Abandonment API 15-055-20823-00-01 LOCKWOOD 3-14 NW/4 Sec.14-26S-34W Finney County, Kansas

#### Dear LAURA SAVAGE:

"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 08/06/2025.

- \* 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 08/06/2025.

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

Very truly yours,

Michael Maier"