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:                           |                      |                     |             | Spot Descr  | iption:             |                    |              |                  |
| Address 1:                      |                      |                     |             |   | · Sec               | Twp                | _ S. R       | 🗌 E 🔲 W          |
| Address 2:                      |                      |                     |             |   |                     |                    | =            | =                |
| City:                           | State:               | Zip: +              |             |   | on: Lat:            |                    |              | _                |
| Contact Person:                 |                      |                     |             | Datum:  | on: Lat:            | (XX) WGS84         | (e.g         | jxxx.xxxxx)      |
| Phone:( )                       |                      |                     |             |   | E                   |                    |              | GLKB             |
| Contact Person Email:           |                      |                     |             | Lease Nam   | e:                  |                    | _ Well #:    |                  |
| Field Contact Person:           |                      |                     |             | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |                     |                    |              |                  |
| Field Contact Person Phone      | :()                  |                     |             | l —   | ermit #:            |                    | R Permit #:_ |                  |
|                                 |                      |                     |             |   | orage Permit #:     |                    | In:          |                  |
|                                 |                      |                     |             |   |                     |                    |              |                  |
|                                 | Conductor            | Surface             | Pro         | oduction  | Intermediate        | Liner              |              | Tubing           |
| Size                            |                      |                     |             |   |                     |                    |              |                  |
| Setting Depth                   |                      |                     |             |   |                     |                    |              |                  |
| Amount of Cement                |                      |                     |             |   |                     |                    |              |                  |
| Top of Cement  Bottom of Cement |                      |                     |             |   |                     |                    |              |                  |
| Bottom of Comon                 |                      |                     |             |   |                     |                    |              |                  |
| Casing Fluid Level from Surf    | face:                | How De              | etermined?  |   |                     |                    | Date: _      |                  |
| Casing Squeeze(s):              | to w /               | sacks of ce         | ement,      | to  | (bottom) W /        | sacks of cem       | ent. Date: _ |                  |
| Do you have a valid Oil & Ga    | , ,                  |                     |             | ()  | (10011011)          |                    |              |                  |
|                                 |                      |                     | 0-          | aine Lanka: [                                     | Voc No Donah        | of accinc lack(a). |              |                  |
| Depth and Type: Junk in         |                      |                     |             |   |                     |                    |              |                  |
| Type Completion: ALT.           | I ALT. II Depth of   | f: DV Tool:(depth)  | w / _       | sack  | s of cement Port C  | ollar:             | _ w /        | sack of cemen    |
| Packer Type:                    | Size:                |                     | Inch        | Set at:   | Fee                 | t                  |              |                  |
| Total Depth:                    | Plug Ba              | ck Depth:           |             | Plug Back Meth                                    | od:                 |                    |              |                  |
| Geological Date:                |                      |                     |             |   |                     |                    |              |                  |
| Formation Name                  | Formation            | Top Formation Base  |             |   | Completion          | Information        |              |                  |
| 1                               | At:                  | to Fee              | t Perfo     | ration Interval                                   | to Fe               | et or Open Hole I  | nterval      | to Feet          |
| 2                               | At:                  | to Fee              | t Perfo     | ration Interval                                   | to Fe               | et or Open Hole I  | nterval      | toFeet           |
|                                 |                      |                     |             |   |                     | ·                  |              |                  |
| INDED DENALTY OF BED            | IIIDV I LIEDEDV ATTE | CT TUAT TUE INCODMA | ATION CO    | NITAINED HED                                      | EIN IS TOLIE AND CO | ADDECT TO THE B    | EST OF MV    | / KNOW! EDGE     |
|                                 |                      | Submitt             | ted Ele     | ctronicall  | y                   |                    |              |                  |
|                                 |                      |                     |             |   |                     |                    |              |                  |
| Do NOT Write in This            | Date Tested:         | R                   | Results:    |   | Date Plugged:       | Date Repaired:     | Date Put F   | Back in Service: |
| Space - KCC USE ONLY            |                      |                     |             |   |                     |                    |              |                  |
| Review Completed by:            |                      |                     | Comn        | nents:  |                     |                    |              |                  |
| TA Approved: Yes                | Denied Date:         |                     |             |   |                     |                    |              |                  |
| ιπ πρριονεα. □ 165 □            |                      |                     |             |   |                     |                    |              |                  |
|                                 |                      | Mail to the App     | oropriate l | KCC Conserv                                       | ation Office:       |                    |              |                  |

| there have been one one one one one one one of the beauty  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| Second   S | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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### TEMPORARY ABANDONMENT WELL APPLICATION

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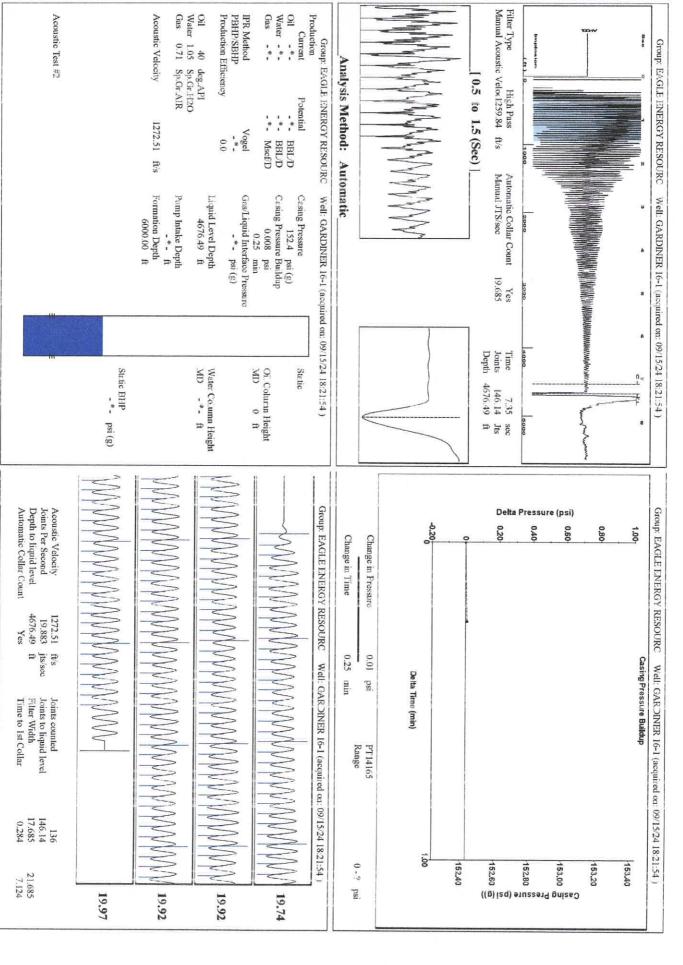
Phone 620,902,6450

Phone 785,261,6250

| OPERATOR: License#  | 34792        |  |               | API No. 15   | 15-025-212                             | 94-00-01                              |                          |  |
|---|--------------|--|---------------|--|--|---------------------------------------|--------------------------|--|
| Name: Eagle Energy Resources LLC  |              |  |               | Spot Description:  |  |                                       |                          |  |
| Address 1: 153 S  |              | 7.77   |               | W2 E2 E2 SE sec 16 Two 34 S P 24 TE 17 W   |  |                                       |                          |  |
| Address 2:  |              |  |               | 1,290  |  | feet from                             | N / ▼S Line of Section   |  |
|   |              | State: TX Zip: 77571 -                               | 5305          | 1,290 feet from N / S Line of Section 527 feet from E E / W Line of Section  |  |                                       |                          |  |
| Contact Person: De  |              |  | - 0000        | GPS Locat  | ion: Lat:                              | , Long:                               | (Ø.gxxx.xxxxxx)          |  |
|   |              | .5011  |               | Datum:   | NAD27 NAD83                            | WGS84                                 |                          |  |
| Phone:(281) 47  |              | on@eagleenergy.us                                    |               | County: C  | Gardiner 16                            | levation:                             | /ell #:1 GL              |  |
|   |              | on@eagleenergy.us                                    |               |  |  |                                       | Other:                   |  |
|   |              | )  | -             | The second secon |  |                                       | ormit #:                 |  |
| Tiola Condit Poison P   | 10116. (     | 1  |               | Gas Sto  | orage Permit #:<br>02/04/2010          | Date Shut-In:                         | 10/31/19                 |  |
|   | Con          | ductor Surface                                       | Proc          | duction  | Intermediate                           | Liner                                 | Tubing                   |  |
| Size  | 0            | 8.625  | 4.5           |  | 0                                      | 0                                     | 2.375                    |  |
| Setting Depth   | 0            | 796  | 5948          |  | 0                                      | 0                                     | 5544                     |  |
| Amount of Cement  | 0            | 210  | 160           |  | 0                                      | 0                                     | 0                        |  |
| Top of Cement   | 0            | 0  | 0             |  | 0                                      | 0                                     | 0                        |  |
| Bottom of Cement  | 0            | 210  | 5948          |  | 0                                      | 0                                     | 0                        |  |
| Casing Fluid Level from   | Surface: 46  | 76.49  | w Determined? | Echome   | ter                                    |                                       | Date: 9/15/2024          |  |
| Casing Squeeze(s):  | (iop) to     | w / sacks  |               |  |  |                                       |                          |  |
| Type Completion:  | ALT. I ALT   | (depth) Tools in Hole at II Depth of: DV Tool: Size: | w /           | sack   | s of cement Port C                     | ollar: w                              |                          |  |
| Total Depth: 5950   |              | Plug Back Depth:                                     | P             | lug Back Meth  | od:                                    |                                       |                          |  |
| Geological Date:  |              |  |               |  |  |                                       |                          |  |
| Formation Name  |              | Formation Top Formation Bas                          | se .          |  | Completion                             | Information                           |                          |  |
| 1   |              | At: to   | Feet Perfora  | ation Interval.  | 5398 <sub>to</sub> 5452 <sub>Fee</sub> | t or Open Hole Inter                  | val toFeet               |  |
| 2   |              | At: to   |               |  |  |                                       | val toFeet               |  |
| UNDER PENALTY OF I  | PERJURY I HE | REBY ATTEST THAT THE INFO                            | RMATION CON   | TAINED HER   | EIN IS TRUE AND CO                     | RRECT TO THE BEST                     | FOF MY KNOWLEDGE.        |  |
| Date: Oct /   | 15 A         | Signature:   |               |  | Title:                                 | PRESIDE                               |                          |  |
| Do NOT Write in This  | D            | ate Tested:  | Results:      |  | Date Plugged:                          | Date Repaired: Date                   | ate Put Back in Service: |  |
| Space - KCC USE ON  | ILY          |  |               |  | ·                                      | · · · · · · · · · · · · · · · · · · · |                          |  |
| Review Completed by:  |              |  | Comme         | nts:   |  |                                       |                          |  |
| TA Approved: Yes  | Denied       | Date:  |               |  |  |                                       |                          |  |
|   |              | Mail to the  | Appropriate K | CC Conserv   | ation Office:                          |                                       |                          |  |
| WOO DIAMA OFFI HO DATE HE ARE ALL AND |              |  |               |  | Phone 620,682,7933                     |                                       |                          |  |
|   |              |  |               |  | Phone 316,337,7400                     |                                       |                          |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651



TOTAL WELL MANAGEMENT by ECHOMETER Company

Page 1

#### Hosco Testing & Measurement Co. Echo Meter & Fluid Level Report

Producer

Eagle Energy

Well Name

Gardiner 16-1

State

Kansas

County

Clark

Date

9/15/2024

Casing PSI

152.4

Tubing PSI

PU

Number of Joints

Average Length of Joint

Datum

136

Liquid Level Determination Test

| Shot | Jts To | Depth to | Liquid above |
|------|--------|----------|--------------|
| #    | Liquid | Liquid   | Datum        |
| 1    | 146.14 | 4676.49  |              |
| 2    | 146.14 | 4676.49  |              |
| 3    | 146.14 | 4676.49  |              |
|      |        |          |              |

Average of Shots

4676

0

Arrived on Location - Rigged up Equipment Shot 3 Shots 6:21 PM

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

10/17/2024

Teri Goebel Eagle Energy Resources LLC 153 S. BROADWAY ST. LAPORTE, TX 77571-5305

Re: Temporary Abandonment API 15-025-21294-00-01 GARDINER 16 1 SE/4 Sec.16-34S-24W Clark County, Kansas

#### Dear Teri Goebel:

"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 10/17/2025.

- \* 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 10/17/2025.

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

Very truly yours,

Michael Maier"