

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

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

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

| | Conductor | Surface | Production | Intermediate | Liner | Tubing |
|------------------|-----------|---------|------------|--------------|-------|--------|
| Size | | | | | | |
| Setting Depth | | | | | | |
| Amount of Cement | | | | | | |
| Top of Cement | | | | | | |
| Bottom of Cement | | | | | | |

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

| Formation Name | Formation Top | Formation Base | Completion Information |
|----------------|---------------|----------------|--|
| 1. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |
| 2. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

| | | | | | |
|---|--|----------------|---------------------|----------------------|---------------------------------|
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: _____ | Results: _____ | Date Plugged: _____ | Date Repaired: _____ | Date Put Back in Service: _____ |
| | Review Completed by: _____ Comments: _____ | | | | |
| TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____ | | | | | |

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 |
| | 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
CASING MECHANICAL INTEGRITY TEST**

Form U-7
August 2019

Disposal: Enhanced Recovery: KCC District No.: 4
 Operator License No.: 35408 Name: Calvin Noah, LLC
 Address 1: 329 N. BIRCH AVE
 Address 2: _____
 City: VALLEY CENTER State: KS Zip: 67147 + 2548
 Contact Person: Kitt Noah Phone: (316) 755-1032

API No.: 15-195-20576-00-01 Permit No.: D21085.0
SE NE SW Sec. 15 Twp. 11 S. R. 22 East West
1717 Feet from North / South Line of Section
3125 Feet from East / West Line of Section
 Lease: PRATT FEE Well No.: 1-15
 County: Trego

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 500 bbl/d

| | Conductor | Surface | Intermediate | Production | Liner | Tubing |
|------------------|-----------|--------------|--------------|-------------|-----------|--------------|
| Size: | <u>NA</u> | <u>8.625</u> | <u>NA</u> | <u>4.5</u> | <u>NA</u> | <u>2.375</u> |
| Set at: | | <u>240</u> | | <u>1633</u> | | <u>1170</u> |
| Sacks of Cement: | | <u>170</u> | | <u>450</u> | | <u>DL</u> |
| Cement Top: | | <u>0</u> | | <u>0</u> | | |
| Cement Bottom: | | <u>240</u> | | <u>1633</u> | | |

Packer Type: Tension Set at: 1170
 DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 3864 (1633) feet depth
Zone of Injection Formation: CEDAR HILLS Top Feet: 1220 Bottom Feet: 1320 Perf. or Open Hole: Perf

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 39.09327 Long: -99.75146 Date Acquired: 11/08/2022

MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: 5-YEAR TEST

| Time in Minute(s): | <u>0</u> | <u>15</u> | <u>30</u> | | | |
|---------------------|------------|------------|------------|--|--|--|
| Pressures: Set up 1 | <u>300</u> | <u>300</u> | <u>300</u> | | | |
| Set up 2 | | | | | | |
| Set up 3 | | | | | | |

Tested: Casing or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: 0.00

Test Date: 11/08/2022 Using: Keller Tank Service Company's Equipment

The zone tested for this well is between 0 feet and 1170 feet.

The test results were verified by operator's representative:

Name: Darrell Keller Title: Keller Tank Service Phone: (785) 737-8900

| | |
|--|--|
| <p>KCC Office Use Only</p> <p>The results were:</p> <p><input checked="" type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: <u>11/07/2027</u></p> | <p>State Agent: <u>Michael Jones</u> Title: <u>E.C.R.S.</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: <u>well is currently inactive</u></p> |
|--|--|

11/04/2024

Kitt Noah
Calvin Noah, LLC
329 N. BIRCH AVE
VALLEY CENTER, KS 67147-2548

Re: Temporary Abandonment
API 15-195-20576-00-01
PRATT FEE 1-15
SW/4 Sec.15-11S-22W
Trego County, Kansas

Dear Kitt Noah:

"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 11/04/2025.

- * 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 11/04/2025.

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

Very truly yours,

RICHARD WILLIAMS"