

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: _____ 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: _____

Do you have a valid Oil & Gas Lease? ☐ Yes ☐ NoDepth and Type: ☐ Junk in Hole at _____ ☐ Tools in Hole at _____ Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____Type Completion: ☐ ALT. I ☐ ALT. II Depth of: ☐ DV Tool: _____ w / _____ sacks of cement ☐ Port Collar: _____ w / _____ sack of cement

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: ☐ Yes ☐ 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.: 2
Operator License No.: 34357 Name: Atlas Operating LLC
Address 1: 1900 St James Place
Address 2: Suite 800
City: Houston State: TX Zip: 77056-4133
Contact Person: Sam Halder Phone: 281 893 9400
API No.: 15-095-21980 Permit No.: _____
NW-NE-SW Sec. 31 Twp. 30 S. R. 8 ☐ East ☒ West
330 Feet from ☒ North / ☐ South Line of Section
330 Feet from ☐ East / ☒ West Line of Section
Lease: Conrardy 9-31 Well No.: _____
County: Kingman

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

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:		<u>8.625</u>		<u>4.5</u>		<u>2.375</u>
Set at:		<u>251</u>		<u>4518</u>		<u>4430</u>
Sacks of Cement:		<u>225</u>		<u>185</u>		
Cement Top:		<u>0</u>		<u>0</u>		
Cement Bottom:		<u>251</u>		<u>4518</u>		
Packer Type:	<u>Baker Model R</u>					Set at: <u>3918</u>

☐ DV Tool ☐ Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): _____ feet depth

Zone of Injection Formation: _____ Top Feet: 4388 Bottom Feet: 4382 Perf. or Open Hole: _____

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: _____ Long: _____ Date Acquired: _____

Type MIT: _____ MIT Reason: TA

Time in Minute(s): 0 15 30

Pressures: Set up 1 370 370 370

Set up 2 _____

Set up 3 _____

Tested: ☐ Casing ☒ or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: 1 BBL

Test Date: 2/16/2026 Using: Nicholas Water Truck Service Company's Equipment

The zone tested for this well is between 0 feet and 3918 feet.

The test results were verified by operator's representative:

Name: _____ Title: _____ Phone: (____) _____

KCC Office Use Only

The results were:

☒ Satisfactory
☐ Not Satisfactory

Next MIT: _____

State Agent: Neil Lake Title: ECKS Witness: ☒ Yes ☐ No

Remarks: _____

Operator Replaced packer with a Baker Model R packer

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-337-7400
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

02/20/2026

Sam Halder
Atlas Operating LLC
1900 ST JAMES PLACE SUITE 800
HOUSTON, TX 77056-4133

Re: Temporary Abandonment
API 15-095-21980-00-00
CONRARDY 9-31
NW/4 Sec.31-30S-08W
Kingman County, Kansas

Dear Sam Halder:

"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 02/20/2027.

- * 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 02/20/2027.

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

Very truly yours,

Neil Lake - ECRS"