Form CP-111 June 2011 Form must be Typed Form must be signed

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:          | R                  | esults:   |   | Date Plugged:         | Date Repaired: Date I      | Put Back in Servic | ce:     |  |
|--|-----------------------|--------------------|-----------|---|-----------------------|----------------------------|--------------------|---------|--|
| INDED BENALTY OF BEE                         | I IIDV I LIEDEDV ATTI |                    |           | ctronicall  |                       | DDEATTA THE DEAT AR        | - MV VNOMI ED      | ACE.    |  |
| 2  |                       | to Feet            |           |   |                       | et or Open Hole Interval - |                    |         |  |
| l  | At:                   | to Feet            | Perfo     | ration Interval   | to Fee                | et or Open Hole Interval_  | to                 | Feet    |  |
| Formation Name                               |                       | Top Formation Base |           |   | Completion            |                            |                    |         |  |
| Geological Date:                             |                       |                    |           |   |                       |                            |                    |         |  |
| Total Depth:                                 | Plug Ba               | ck Depth:          |           | Plug Back Meth  | nod:                  |                            |                    |         |  |
|  |                       |                    |           |   |                       |                            |                    |         |  |
| Packer Type:                                 |                       |                    |           |   |                       |                            |                    |         |  |
| Type Completion: ALT                         |                       |                    |           |   |                       |                            |                    | cemen   |  |
| Depth and Type:                              | in Hole at [          | Tools in Hole at   | Ca        | sing Leaks:   | Yes No Depth          | of casing leak(s):         |                    |         |  |
| Oo you have a valid Oil & G                  | as Lease? Yes         | No                 |           |   |                       |                            |                    |         |  |
| Casing Squeeze(s):                           | to w .                | / sacks of ce      | ment, _   | to  | (bottom) W /          | sacks of cement. Da        | te:                |         |  |
| Casing Fluid Level from Sui                  | face:                 | How De             | termined? |   |                       | Da                         | te:                |         |  |
| Bottom of Cement                             |                       |                    |           |   |                       |                            |                    |         |  |
| Top of Cement                                |                       |                    |           |   |                       |                            |                    |         |  |
| Amount of Cement                             |                       |                    |           |   |                       |                            |                    |         |  |
| Setting Depth                                |                       |                    |           |   |                       |                            |                    |         |  |
| Size   |                       |                    |           |   |                       |                            |                    |         |  |
|  | Conductor             | Surface            | Pro       | oduction  | Intermediate          | Liner                      | Tubing             |         |  |
|  |                       |                    |           | Spud Date:  |                       | Date Shut-In:              |                    |         |  |
| Total Community of Control Home              | , ( )                 |                    |           | _   | orage Permit #:       |                            |                    |         |  |
| Field Contact Person Phone: ( )              |                       |                    |           | SWD Permit #: ENHR Permit #:  |                       |                            |                    |         |  |
| Field Contact Person:                        |                       |                    |           | Well Type:  | (check one) 🗌 Oil 🔲 0 | Gas OG WSW C               | Other:             |         |  |
| Contact Person:                              |                       |                    |           | Datum:  NAD27  NAD83  WGS84    County:  Elevation:  GL  KB    Lease Name:  Well #:  Well #: |                       |                            |                    |         |  |
|  |                       |                    |           |   |                       |                            |                    |         |  |
| City:  |                       |                    |           |   |                       | feet from E /              |                    | Section |  |
| Address 2:                                   |                       |                    |           |   |                       | feet from N /              |                    |         |  |
| Address 1:                                   |                       |                    |           |   | •                     | Twp S. R.                  |                    | Πw      |  |
| vanie.                                       |                       |                    |           | Snot Docor  | intion:               |                            |                    |         |  |
| OPERATOR: License#                           |                       |                    | -         | AFTINO. 13  |                       |                            |                    |         |  |

## Mail to the Appropriate KCC Conservation Office:

Review Completed by: \_

TA Approved: Yes Denied

Date: \_

| Storm hade these than the last had been made that the con-   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| 1000      | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
|  | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Since Street State | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-225-8888 Fax: 620-225-8885 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

November 13, 2014

Scott Corsair American Warrior, Inc. 3118 Cummings Rd PO BOX 399 GARDEN CITY, KS 67846

Re: Temporary Abandonment API 15-135-23520-00-00 WITTMAN 3 SW/4 Sec.19-19S-21W Ness County, Kansas

## Dear Scott Corsair:

- "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 11/13/2015.
- \* 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 11/13/2015.

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

Very truly yours,

Michael Maier"