KOLAR Document ID: 1433790

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017 Form must be Typed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                        |   |               | API No. 15-  |                          |                       |                         |  |           |         |       |            |              |               |        |
|--|------------------------|---|---------------|--|--------------------------|-----------------------|-------------------------|--|-----------|---------|-------|------------|--------------|---------------|--------|
| Name:  |                        |   |               | Spot Description:  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Address 1:   |                        |   |               | Sec Twp S. R E _ W   |                          |                       |                         |  |           |         |       |            |              |               |        |
| Address 2:   |                        |   |               |  |                          | feet from N           | I / S Line of Section   |  |           |         |       |            |              |               |        |
| City:  |                        |   |               | GPS Location: Lat:   |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         | GL KB |            |              |               |        |
|  |                        |   |               |  | e:                       |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #:  Spud Date:  Date Shut-In: |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       | Spud Date: |              | Date Shut-In: |        |
|  |                        |   |               |  |                          |                       |                         |  | Conductor | Surface | Pr    | oduction   | Intermediate | Liner         | Tubing |
|  |                        |   |               | Size   |                          |                       |                         |  |           |         |       |            |              |               |        |
| Setting Depth  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Amount of Cement   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Top of Cement  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Bottom of Cement   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Casing Fluid Lavel from Su   | rface:                 | How   | Determined?   | )  |                          | r                     | Jato:                   |  |           |         |       |            |              |               |        |
| Casing Fluid Level from Surface:                                   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| (top)  | (bottom)               |   |               | (top)  | (bottom)                 | 00010 01 001110111. 1 | <u> </u>                |  |           |         |       |            |              |               |        |
| Do you have a valid Oil & G  | Sas Lease? Yes         | No  |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Depth and Type:  | in Hole at [           | Tools in Hole at                            | Ca            | sing Leaks:  | Yes No Depth o           | f casing leak(s):     |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       | sack of cement          |  |           |         |       |            |              |               |        |
| Packer Type:   |                        |   |               |  |                          | (******)              |                         |  |           |         |       |            |              |               |        |
| Total Depth:   | Plug Ba                | ck Depth:                                   |               | Plug Back Meth   | od:                      |                       |                         |  |           |         |       |            |              |               |        |
| Geological Date:   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Formation Name Formation Top Formation Base Completion Information |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| 1  | At: to Feet Perfo      |   |               | oration Interval to Feet or Open Hole Interval to Feet   |                          |                       |                         |  |           |         |       |            |              |               |        |
| 2  | At:                    | to F  | eet Perfo     | ration Interval  | to Feet                  | or Open Hole Interva  | al toFeet               |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| IINDED DENALTY OF DE   | O IIIDV I LIEDEDV ATTE | ECT TUAT TUE INCOC                          | MATION CO     | NITAINED HEE   | EIN ICTUIE AND COD       | DECTTO THE DEST       | OE MA KNOMI EDGE        |  |           |         |       |            |              |               |        |
|  |                        | Subm  | itted Ele     | ctronicall   | y                        |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY   |                        |   |               |  | Date Plugged:            | Date Repaired: Date   | te Put Back in Service: |  |           |         |       |            |              |               |        |
| Space - NOO OOL ONLI   |                        | _   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Review Completed by:   |                        |   | Comr          | nents:   |                          |                       |                         |  |           |         |       |            |              |               |        |
| TA Approved: Yes   | Denied Date:           |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        | Mail to the A                               | Appropriate   | KCC Conserv  | vation Office:           |                       |                         |  |           |         |       |            |              |               |        |
| Stepper State State State State State State States                 | KCC Distr              | rict Office #1 - 210 E. I                   | Frontview, Su | ite A, Dodge C   | ty, KS 67801             |                       | Phone 620.682.7933      |  |           |         |       |            |              |               |        |
|  | KCC Disti              | KCC District Office #2 - 3450 N. Rock Road, |               |  | Suite 601, Wichita, KS 6 | 7226                  | 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

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

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner

January 22, 2019

Jose Reyes American Warrior, Inc. PO BOX 399 GARDEN CITY, KS 67846-0399

Re: Temporary Abandonment API 15-057-20602-00-00 HAGER 3-36 NW/4 Sec.36-27S-23W Ford County, Kansas

## Dear Jose Reyes:

"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 01/22/2020.

- \* 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 01/22/2020.

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

Very truly yours,

Michael Maier"