KOLAR Document ID: 1474004

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

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 EW                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Address 2:  |                     |  |              |                                 |   | feet from N          | / S Line of Section    |      |           |         |    |            |              |               |        |
| City:   |                     |  |              | feet from E / W Line of Section |   |                      |                        |      |           |         |    |            |              |               |        |
| Contact Person:   |                     |  |              | GPS Location: Lat:              |   |                      |                        |      |           |         |    |            |              |               |        |
| Phone:( )   |                     |  |              |                                 | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB |                      |                        |      |           |         |    |            |              |               |        |
| Contact Person Email:  Field Contact Person:  Field Contact Person Phone: ( ) |                     |  |              | Lease Name:                     |   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     |  |              |                                 |   |                      |                        |      |           |         |    | Spud Date: |              | Date Shut-In: |        |
|   |                     |  |              |                                 |   |                      |                        |      | Conductor | Surface | Pr | oduction   | Intermediate | Liner         | Tubing |
|   |                     |  |              |                                 |   |                      |                        | Size |           |         |    |            |              |               |        |
| Setting Depth   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Amount of Cement  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Top of Cement   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Bottom of Cement  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Cooing Fluid Lovel from Su  | rfo.co              | Цо   | w Dotorminod | <b>)</b>                        |   | r                    | Data                   |      |           |         |    |            |              |               |        |
| Casing Fluid Level from Surface:       How Determined?       Date:            |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| (top)   | ) (bottom)          | 38003  | or cement, _ | (top)                           | (bottom)  | sacks of cernent. I  | Date                   |      |           |         |    |            |              |               |        |
| Do you have a valid Oil & G   | Sas Lease? Yes      | No   |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Depth and Type:   | in Hole at          | Tools in Hole at _                             | Ca           | asing Leaks:                    | Yes No Depth o  | f casing leak(s):    |                        |      |           |         |    |            |              |               |        |
| Type Completion: ALT  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Packer Type:  |                     |  |              |                                 |   | (dopul)              |                        |      |           |         |    |            |              |               |        |
| Total Depth:  | Plug Ba             | ck Depth:                                      |              | Plug Back Meth                  | od:   |                      |                        |      |           |         |    |            |              |               |        |
| Geological Date:  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Formation Name  | Formation           | Top Formation Bas                              | se           |                                 | Completion Ir   | nformation           |                        |      |           |         |    |            |              |               |        |
|   | •                   |  |              |                                 | pration Interval to Feet or Open Hole Interval to Feet  |                      |                        |      |           |         |    |            |              |               |        |
| 2   | At·                 |  |              |                                 |   |                      | altoFeet               |      |           |         |    |            |              |               |        |
|   | 710                 |  | 1000         | ration into var                 |   | or open note into ve |                        |      |           |         |    |            |              |               |        |
| IINDED DENALTY OF DEE   | IIIDV I LEDEDV ATTI | EST TUAT TUE INCO                              | DMATION CO   | NITAINED HEE                    | EIN IS TOLIE AND COD  | DECT TO THE DECT     | OE MV KNOW! EDGE       |      |           |         |    |            |              |               |        |
|   |                     | Subr   | nitted Ele   | ctronicall                      | y   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Do NOT Write in This Date Tested: Results:                                    |                     |  |              |                                 | Date Plugged:   | Date Repaired: Dat   | e Put Back in Service: |      |           |         |    |            |              |               |        |
| Space - KCC USE ONLY  |                     | _  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| Review Completed by: Comments:  |                     |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
| TA Approved: Yes  | Denied Date:        |  |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
|   |                     | Mail to the                                    | Appropriate  | KCC Conserv                     | vation Office:  |                      |                        |      |           |         |    |            |              |               |        |
| Physic bads gaps and the color hads   | KCC Dist            | KCC District Office #1 - 210 E. Frontview, Sui |              |                                 |   |                      | Phone 620.682.7933     |      |           |         |    |            |              |               |        |
|   | ===                 | KCC District Office #2 - 3450 N. Rock Road,    |              |                                 |   |                      |                        |      |           |         |    |            |              |               |        |
|   | TOO DIST            | 1100 mz - 0400                                 |              | , building ood, i               | Jano Gor, Wildina, NO G   |                      | 1 110110 010.001.1700  |      |           |         |    |            |              |               |        |

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 Susan K. Duffy, Commissioner

October 08, 2019

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

Re: Temporary Abandonment API 15-055-22310-00-00 TANCAYO 1-3 SE/4 Sec.03-25S-31W Finney 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 10/08/2020.

- \* 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 10/08/2020.

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

Very truly yours,

Michael Maier"