## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                            |                              |               |               | API No. 15           | API No. 15                   |                          |            |              |  |  |
|---|------------------------------|---------------|---------------|----------------------|------------------------------|--------------------------|------------|--------------|--|--|
|   |                              |               |               | _ Spot Descrip       |                              |                          |            |              |  |  |
| Address 1:                                    |                              |               |               | _                    | Se                           | ec Twp S                 | S. R       | E W          |  |  |
| Address 2:                                    |                              |               |               | _                    |                              | feet from                |            |              |  |  |
| City:   Zip:  +    Contact Person:     Phone: |                              |               |               |                      |                              |                          |            |              |  |  |
|   |                              |               |               | GPS Localio          |                              |                          |            |              |  |  |
|   |                              |               |               |                      |                              |                          |            |              |  |  |
| Contact Person Email:                         |                              |               |               |                      |                              | V                        |            |              |  |  |
| Field Contact Person:                         |                              |               |               | Well Type: (c        | heck one) 🗌 (                | Dil 🗌 Gas 🗌 OG 🗌 WSW     | Other:     |              |  |  |
| Field Contact Person Pho                      |                              |               |               |                      | SWD Permit #: ENHR Permit #: |                          |            |              |  |  |
|   | //                           |               |               |                      |                              |                          |            |              |  |  |
|   |                              |               |               | Spud Date:_          |                              | Date Shut-In:            |            |              |  |  |
|   | Conductor                    | Surface       |               | Production           | Intermedia                   | ate Liner                | Tul        | bing         |  |  |
| Size  |                              |               |               |                      |                              |                          |            |              |  |  |
| Setting Depth                                 |                              |               |               |                      |                              |                          |            |              |  |  |
| Amount of Cement                              |                              |               |               |                      |                              |                          |            |              |  |  |
| Top of Cement                                 |                              |               |               |                      |                              |                          |            |              |  |  |
| Bottom of Cement                              |                              |               |               |                      |                              |                          |            |              |  |  |
| Casing Fluid Level from S                     | urface:                      |               | How Determine | ed?                  |                              |                          | Date:      |              |  |  |
| 0   |                              |               |               |                      |                              | sacks of cemen           |            |              |  |  |
| Do you have a valid Oil &                     | Gas Lease? 🗌 Yes [           | No            |               |                      |                              |                          |            |              |  |  |
| Depth and Type: Juni                          | in Hole at                   | Tools in Hole | at            | Casing Leaks:        | Yes No                       | Depth of casing leak(s): |            |              |  |  |
|   |                              |               |               |                      |                              |                          |            |              |  |  |
|   |                              |               |               |                      |                              | Port Collar: (depth)     | w / sa     | ck of cement |  |  |
| Packer Type:                                  | Size: _                      |               | In            | ch Set at:           |                              | _ Feet                   |            |              |  |  |
| Total Depth:                                  | Plug Ba                      | ack Depth:    |               | Plug Back Metho      | d:                           |                          |            |              |  |  |
| Geological Date:                              |                              |               |               |                      |                              |                          |            |              |  |  |
| Formation Name                                | Formation Top Formation Base |               |               |                      | Completion Information       |                          |            |              |  |  |
|   | ۸+-                          | to            | Feet Pe       | rforation Interval   | to                           | Feet or Open Hole Inte   | erval to _ | Feet         |  |  |
| 1   | AL                           |               |               |                      |                              |                          |            |              |  |  |
| 1   | At:                          | to            | Feet Pe       | rforation Interval - | to                           | — Feet or Open Hole Inte | erval to _ | Feet         |  |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                       | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| There have not not not an and there many man from the set  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| Norm    Norm <td< th=""><td>KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.337.7400</td></td<> | 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 |



Phone: 620-682-7933 http://kcc.ks.gov/

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

February 23, 2021

Scott Corsair American Warrior, Inc. PO BOX 399 GARDEN CITY, KS 67846-0399

Re: Temporary Abandonment API 15-135-24880-00-00 GLENDORIS 1 TWIN NW/4 Sec.07-19S-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 02/23/2022.

\* 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 02/23/2022.

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

Very truly yours,

Michael Maier"