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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 Descr                          | Spot Description:   |                            |                           |  |
| Address 1:  |                     |   |              | _   -,                              | •   |                            | s. R 🗌 E 🔲 W              |  |
| Address 2:  |                     |   |              |                                     | feet from N / S Line of Section feet from E / W Line of Section |                            |                           |  |
|   |                     |   |              | T                                   |   |                            |                           |  |
|   |                     |   |              | GF 3 Locati                         | ion: Lat:   | , Long:                    | (e.gxxx.xxxxxx)           |  |
|   |                     |   |              | Datuiii.                            | NAD27 NAD   |                            | GL KB                     |  |
|   |                     |   |              | I aaaa Nam                          |   | Elevation W                |                           |  |
|   |                     |   |              | - Mall Times                        | Well Type: (check one)  |                            |                           |  |
|   |                     |   |              | SWD P                               |   |                            |                           |  |
|   |                     |   |              | Gas Sto                             |   |                            |                           |  |
|   |                     |   |              | 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 Surf                                  | ace:                |   | How Determin | ed?                                 |   |                            | Date:                     |  |
| -   |                     |   |              |                                     |   |                            | Date:                     |  |
| (top)<br>Do you have a valid Oil & Ga                         | , ,                 |   |              | (top)                               | (bottom)  |                            |                           |  |
|   |                     |   |              |                                     |   |                            |                           |  |
| Depth and Type:   | n Hole at [ (depth) | Tools in Hole a   | t<br>(depth) | Casing Leaks: L                     | 」Yes ∐ No De  | epth of casing leak(s):    |                           |  |
| Type Completion: ALT.   | I ALT. II Depth     | of: DV Tool: _  | V<br>(depth) | v / sack                            | s of cement Po  | ort Collar: w              | // sack of cemen          |  |
| Packer Type:  |                     |   |              |                                     |   |                            |                           |  |
| Total Depth:  | Plug Back Depth:    |   |              | Plug Back Meth                      | Plug Back Method:   |                            |                           |  |
| Geological Date:  |                     |   |              |                                     |   |                            |                           |  |
| Formation Name Formation Top Formation Base                   |                     |   |              |                                     | Completion Information  |                            |                           |  |
| I   |                     | •   |              | erforation Interval                 | ·   |                            | val toFeet                |  |
| )   |                     | to  |              |                                     |   |                            | val toFeet                |  |
|   | 74.                 | 10  |              | choration interval                  | 10  | = rect of open riole lines | vai to i cot              |  |
| INDED DENALTY OF DED  | IIIDV I UEDEDV ATTI | ECT TU AT TUE IN  | EODMATION :  | CONTAINED HER                       | CIN IC TOLIC AND  | CODDECT TO THE DEC         | T OF MV KNOW! FDOE        |  |
|   |                     | Su  | bmitted E    | Electronicall                       | У   |                            |                           |  |
|   |                     |   |              |                                     | •   |                            |                           |  |
|   |                     |   |              |                                     |   |                            |                           |  |
| Do NOT Write in This Date Tested: Res<br>Space - KCC USE ONLY |                     |   | Results:     | : Date Plugged: Date Repaired: Date |   |                            | Pate Put Back in Service: |  |
| Space - NOC OSE ONE   |                     |   |              |                                     |   |                            |                           |  |
| Review Completed by:  |                     |   | Co           | omments:                            |   |                            |                           |  |
| TA Approved: Yes  | Denied Date:        |   |              |                                     |   |                            |                           |  |
|   |                     | Mail to t   | he Appropria | te KCC Conserv                      | vation Office:  |                            |                           |  |
| Trans Note: Date Note has been fined                          | KCC Dist            | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge                             |              |                                     |   | City, KS 67801             |                           |  |
|   |                     | KCC Dietrict Office #2 - 3450 N. Pock Poad Building 600, Suite 601, Wichita, KS 67226 |              |                                     |   |                            | Phone 620.682.7933        |  |

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 Susan K. Duffy, Commissioner Andrew J. French, Commissioner

June 14, 2022

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

Re: Temporary Abandonment API 15-135-25137-00-00 MARSHALL 1-27 SW/4 Sec.27-18S-21W Ness 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 06/14/2023.
- \* 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 06/14/2023.

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

Very truly yours,

Michael Maier"