## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

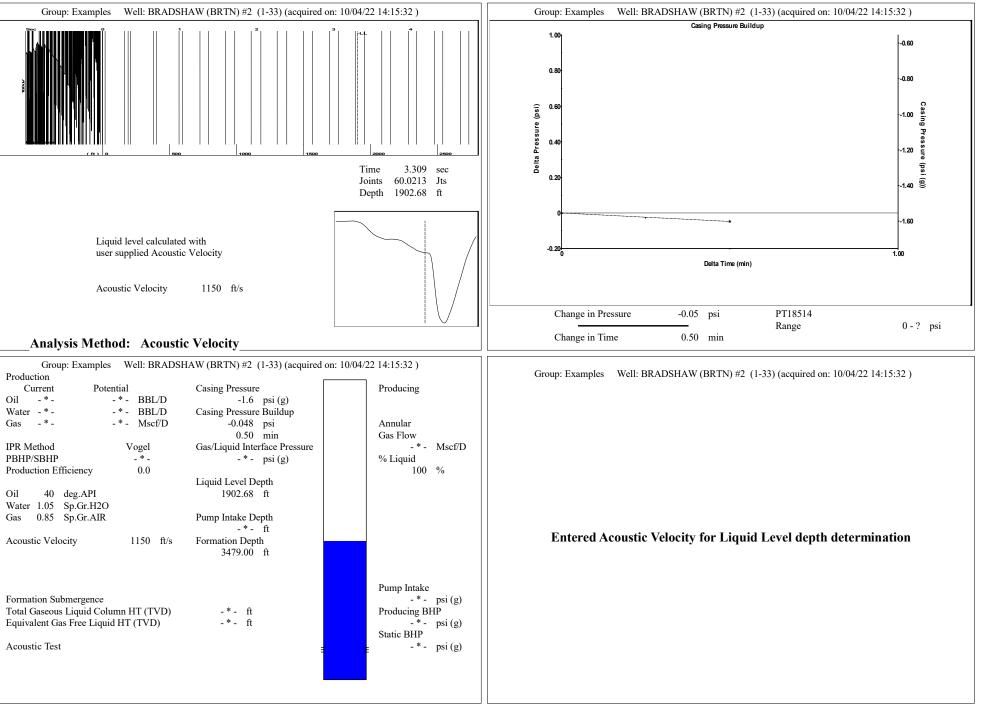
| OPERATOR: License#                      |                  |                               |                 | API No. 15                      |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
|---|------------------|-------------------------------|-----------------|---------------------------------|------------|--------------------------|--------|--|------------|---------------------------|------|--|--|--|------------------|------|--|--|
|   |                  |                               |                 |                                 |            |                          |        |  | Address 1: |                           |      |  |  | Se   | c Twp S.         | RE [ |  |  |
| Address 2:                              |                  |                               |                 | feet from N / S Line of Section |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
|   |                  |                               |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
|   |                  |                               |                 |                                 |            |                          |        |  |            | Field Contact Person:     |      |  |  | Well Type: (check one)    Oil    Gas    OG    WSW    Other:      SWD Permit #:    ENHR Permit #: |                  |      |  |  |
|   |                  |                               |                 |                                 |            |                          |        |  |            | Field Contact Person Phon | e:() |  |  |  |                  |      |  |  |
|   |                  |                               |                 |                                 |            |                          |        |  |            |                           | ()   |  |  |  | rage Permit #: _ |      |  |  |
|   |                  |                               |                 | Spud Date:                      |            | Date Shut-In:            |        |  |            |                           |      |  |  |  |                  |      |  |  |
|   | Conductor        | Surface                       | e Pro           | oduction                        | Intermedia | te Liner                 | Tubing |  |            |                           |      |  |  |  |                  |      |  |  |
| Size                                    |                  |                               |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Setting Depth                           |                  |                               |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Amount of Cement                        |                  |                               |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Top of Cement                           |                  |                               |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Bottom of Cement                        |                  |                               |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Casing Fluid Level from Su              | rface:           |                               | How Determined? |                                 |            |                          | Date:  |  |            |                           |      |  |  |  |                  |      |  |  |
| •                                       |                  |                               |                 |                                 |            | sacks of cement.         |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Do you have a valid Oil & O             | Gas Lease? 🗌 Yes | No                            |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Depth and Type: 🗌 Junk                  | in Hole at       | Tools in Hole                 | at Ca           | sing Leaks:                     | Yes No     | Depth of casing leak(s): |        |  |            |                           |      |  |  |  |                  |      |  |  |
|   |                  |                               |                 |                                 |            | Port Collar: w ,         |        |  |            |                           |      |  |  |  |                  |      |  |  |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  |                               | ,               |                                 |            | ,                        |        |  |            |                           |      |  |  |  |                  |      |  |  |
| De alvan Trina a                        | SIZE'            |                               | Incn            | Set at:                         |            | _ Feet                   |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Packer Type:                            | 0120.            |                               |                 |                                 |            |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Packer Type:                            |                  | ack Depth:                    |                 | Plug Back Metho                 | od:        |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
|   |                  | ack Depth:                    |                 | Plug Back Metho                 | od:        |                          |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Total Depth:                            | Plug B           | ack Depth:<br>n Top Formation |                 | Plug Back Metho                 |            | letion Information       |        |  |            |                           |      |  |  |  |                  |      |  |  |
| Total Depth:                            | Plug E           | n Top Formation               | Base            |                                 | Comp       |                          | /alto  |  |            |                           |      |  |  |  |                  |      |  |  |

## 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                           | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
|  | 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 |



Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

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

October 24, 2022

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

Re: Temporary Abandonment API 15-009-21034-00-00 BRADSHAW (BRTN) 2 (1-33) NE/4 Sec.33-16S-13W Barton 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 10/24/2023.

\* 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 10/24/2023.

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

Very truly yours,

**RICHARD WILLIAMS**"