July 2017
Form must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

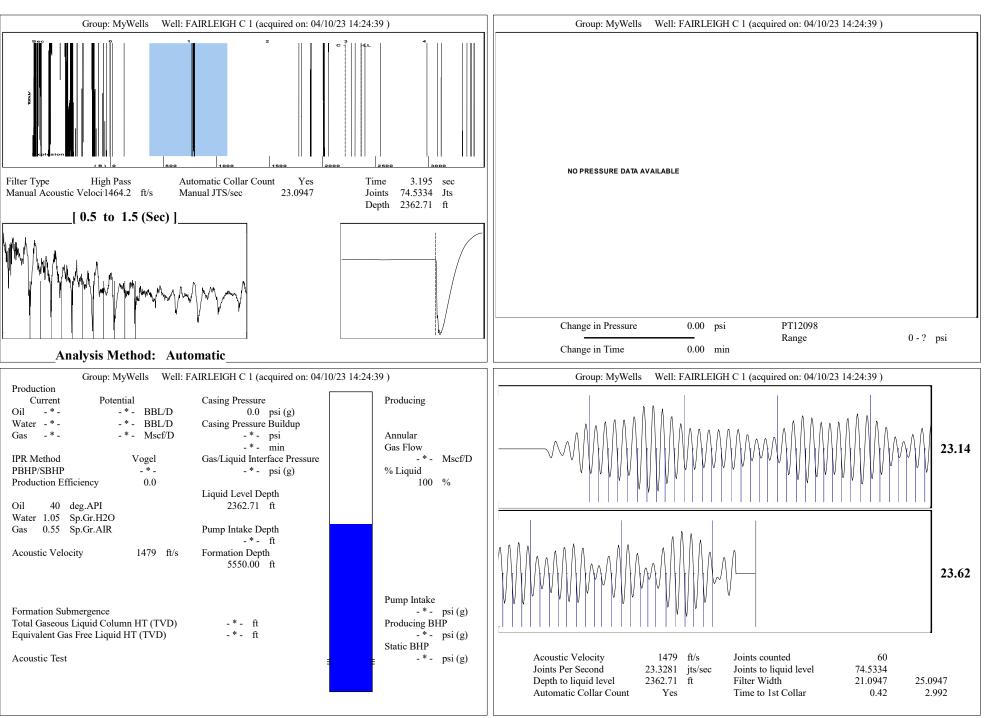
Phone 620.902.6450

Phone 785.261.6250

| ODEDATOR: License# | | | | ADI No. 15 | | | | |
|---|---------------------|---|------------|--|---|----------------------|-------------------------|--|
| OPERATOR: License# | | | | API No. 15- Spot Description: | | | | |
| Address 1: | | | | | • | | R DE W | |
| | | | | | | | I / S Line of Section | |
| Address 2: | | | | feet from DE / DW Line of Section | | | | |
| Contact Person: | | | | GPS Location: Lat:, Long: | | | | |
| Phone:() | | | | Datum: NAD27 NAD83 WGS84 County: | | | | |
| | | | | | Ele | | | |
| | | | | | | | Other: | |
| | | | | SWD Permit #: ■ ENHR Permit #: Gas Storage Permit #: ■ | | | | |
| | | | | | | | | |
| | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing | |
| Size | | | | | | | | |
| Setting Depth | | | | | | | | |
| Amount of Cement | | | | | | | | |
| Top of Cement | | | | | | | | |
| Bottom of Cement | | | | | | | | |
| Casing Fluid Level from Sur | face: | How Do | atermined? | 1 | | r | Oato: | |
| Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): to to | | | | | | | | |
| (top) | (bottom) | | | (top) | (bottom) | danc or comoni. I | | |
| Do you have a valid Oil & G | as Lease? Yes |] No | | | | | | |
| Depth and Type: | n Hole at | Tools in Hole at | Ca | sing Leaks: | Yes No Depth of | casing leak(s): | | |
| Type Completion: ALT. | | | | | | | | |
| Packer Type: | | | | | | , , , | | |
| Total Depth: | Plug Bac | k Depth: | | Plug Back Meth | od: | | | |
| Geological Date: | | | | | | | | |
| Formation Name | Formation - | Ton Formation Base | | | Completion Ir | formation | | |
| | · | | | | ration Interval to Feet or Open Hole Interval to Feet | | | |
| 2 | | | | | ration Interval to Feet or Open Hole Interval to Feet | | | |
| Σ | /nt | 10 1 66 | 1 6110 | nation interval | 10 | or open note interve | 101 661 | |
| IINDED DENALTY OF DED | IIIDV I UEDEDV ATTE | PT TUAT TUE INCODM | ATION CO | NTAINED HEE | EIN ICTUIE AND COD | DECTTO THE DEST | OE MV KNOW! EDGE | |
| | | Submit | ted Ele | ctronicall | V | | | |
| | | | | | , | | | |
| | | | | | | | | |
| Do NOT Write in This Date Tested: Results: | | | | | Date Plugged: | Date Repaired: Date | te Put Back in Service: | |
| Space - KCC USE ONLY | | | | | | | | |
| Review Completed by: | | | Comr | nents: | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | |
| | | Mail to the App | oropriate | KCC Conserv | vation Office: | | | |
| Depart State State State State State State State State State | KCC Distri | KCC District Office #1 - 210 E. Frontview, Suit | | | | Phone 620.682.7933 | | |
| | KCC Distri | KCC District Office #2 - 3450 N. Rock Road, | | | Suite 601, Wichita. KS 67 | 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. 4 2301 E. 13th Street Hays, KS 67601-2651



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

Laura Kelly, Governor

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

April 13, 2023

Octavio Morales American Warrior, Inc. PO BOX 399 GARDEN CITY, KS 67846-0399

Re: Temporary Abandonment API 15-109-21349-00-00 FAIRLEIGH C 1 NE/4 Sec.13-15S-33W Logan County, Kansas

Dear Octavio Morales:

"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 04/13/2024.

- * 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 04/13/2024.

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

Very truly yours,

RICHARD WILLIAMS"