

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

OPERATOR: License#
Name:
Address 1:
Address 2:
City: State: Zip:
Contact Person:
Phone:
Contact Person Email:
Field Contact Person:
Field Contact Person Phone:

API No. 15-
Spot Description:
Sec. Twp. S. R.
GPS Location: Lat: Long:
Datum: NAD27 NAD83 WGS84
County: Elevation:
Lease Name: Well #:
Well Type: Oil Gas OG WSW Other:
SWD Permit #: ENHR Permit #:
Gas Storage Permit #:
Spud Date: Date Shut-In:

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: How Determined? Date:
Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date:
Do you have a valid Oil & Gas Lease? Yes No
Depth and Type: Junk in Hole at Tools in Hole at Casing Leaks: Yes No Depth of casing leak(s):
Type Completion: ALT. I ALT. II Depth of: DV Tool: w / sacks of cement Port Collar: w / sack of cement
Packer Type: Size: Inch Set at: Feet
Total Depth: Plug Back Depth: Plug Back Method:

Geological Date:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

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

Mail to the Appropriate KCC Conservation Office:

Table with 2 columns: Office Address, Phone. Rows for District Office #1, #2, #3, #4.

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST**

Form U-7
August 2019

Disposal: Enhanced Recovery: KCC District No.: 02
 Operator License No.: 4058 Name: American Warrior, INC
 Address 1: PO Box 399
 Address 2: _____
 City: Garden City State: KS Zip: 67846 + 0399
 Contact Person: Jose Reyes Phone: (620) 275-2963

API No.: 15-077-21568-00-00 Permit No.: _____
SW - NE - SW - SW Sec. 17 Twp. 31 S. R. 6 East West
840 Feet from North / South Line of Section
960 Feet from East / West Line of Section
 Lease: BELL Well No.: 2
 County: HARPER

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Size:	Tubing
Size:	<u>N/A</u>	<u>8.625</u>	<u>5.5</u>	<u>N/A</u>	<u>N/A</u>		<u>N/A</u>
Set at:		<u>208</u>	<u>4768</u>				
Sacks of Cement:		<u>165</u>	<u>300</u>				
Cement Top:		<u>0</u>	<u>2854</u>				
Cement Bottom:		<u>208</u>	<u>4768</u>				
Packer Type:	<u>N/A</u>					Set at:	<u>N/A</u>

DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 4770' & CIBP @ 3746' feet depth

Zone of Injection Formation: _____ Top Feet: _____ Bottom Feet: _____ Perf. or Open Hole: 3886' to 3888'

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 37.3435584 Long: -98.0008942 Date Acquired: 04/18/2023

Type MIT: Initial MIT Reason: For TA Purposes

Time in Minute(s):	0	15	30			
Pressures: Set up 1	<u>310</u>	<u>310</u>	<u>310</u>			
Set up 2						
Set up 3						

Tested: Casing or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: _____

Test Date: 4/18/2023 Using: _____ Company's Equipment _____

The zone tested for this well is between 0 feet and 3746' feet.

The test results were verified by operator's representative:

Name: _____ Title: _____ Phone: (____) _____

KCC Office Use Only The results were: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory Next MIT: _____	State Agent: <u>NICHOLAS BARKLEY</u> Title: <u>ECRS</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Remarks: <u>KCC WILL INSPECT WELL @ 1 YEAR MARK TO ENSURE CASING IS STILL LOADED.</u>

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-337-7400
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

April 20, 2023

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

Re: Temporary Abandonment
API 15-077-21568-00-00
BELL 2
SW/4 Sec.17-31S-06W
Harper 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 04/20/2024.

- * 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 04/20/2024.

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

Very truly yours,

Nicholas Barkley, ECRS"