Form must be Typed

TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section ______ feet from E / W Line of Section ______ State: _____ Zip: _____ + __ _ _ _ _ _____ , Long: _____ (e.g. xx.xxxxx) Datum: NAD27 NAD83 WGS84 _____ Elevation:____ ____ GL KB County: Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: _____ ENHR Permit #: ____ Gas Storage Permit #:____ Spud Date: __ ___ Date Shut-In: _ Tubing Production Intermediate Liner ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at _____ Tools in Hole at ____ Casing Leaks: Yes No Depth of casing leak(s): _____ Type Completion: ALT. I Depth of: DV Tool: _____w / ____ sacks of cement Port Collar: ____w / ____ sack of cement _ Inch Set at: ___ ___ Plug Back Method: ___ Completion Information ___ At: _____ to _____ Feet Perforation Interval ____ ____to_____ Feet or Open Hole Interval _____ to _____ Feet

Submitted Electronically

HINDED DENALTY OF DED HIDV I LEDEDY ATTECT THAT THE INFORMATION CONTAINED LEDEIN ICTOHE AND CODDECT TO THE DECT OF MY VINGINI FOCE

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

Mail to the Appropriate KCC Conservation Office:



OPERATOR: License# _____

Address 1:

Address 2:

Size Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth:

Geological Date: **Formation Name**

Phone:(_____) __

Contact Person Email: ___

Field Contact Person: ___

Casing Fluid Level from Surface: ____

Do you have a valid Oil & Gas Lease? Yes No

Field Contact Person Phone: (_____) ____

Conductor

__ Size: __

__ Plug Back Depth: ___

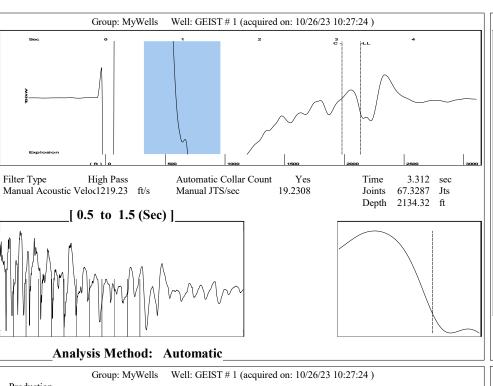
Formation Top Formation Base

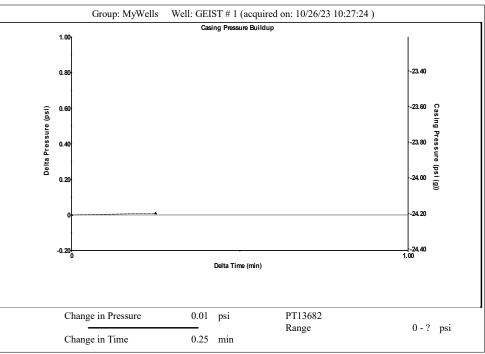
_____ At: _____ to ____ Feet

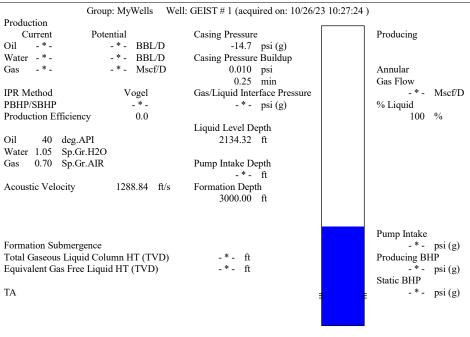
Surface

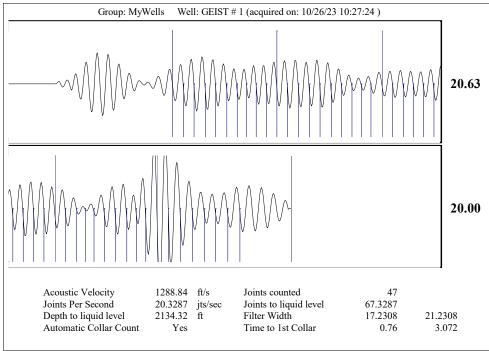
KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

Perforation Interval _____ to ____ Feet or Open Hole Interval ____









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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

11/06/2023

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

Re: Temporary Abandonment API 15-081-21038-00-00 GEIST 1 NW/4 Sec.11-29S-32W Haskell 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 11/06/2024.

- * 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 11/06/2024.

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

Very truly yours,

Michael Maier"