## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

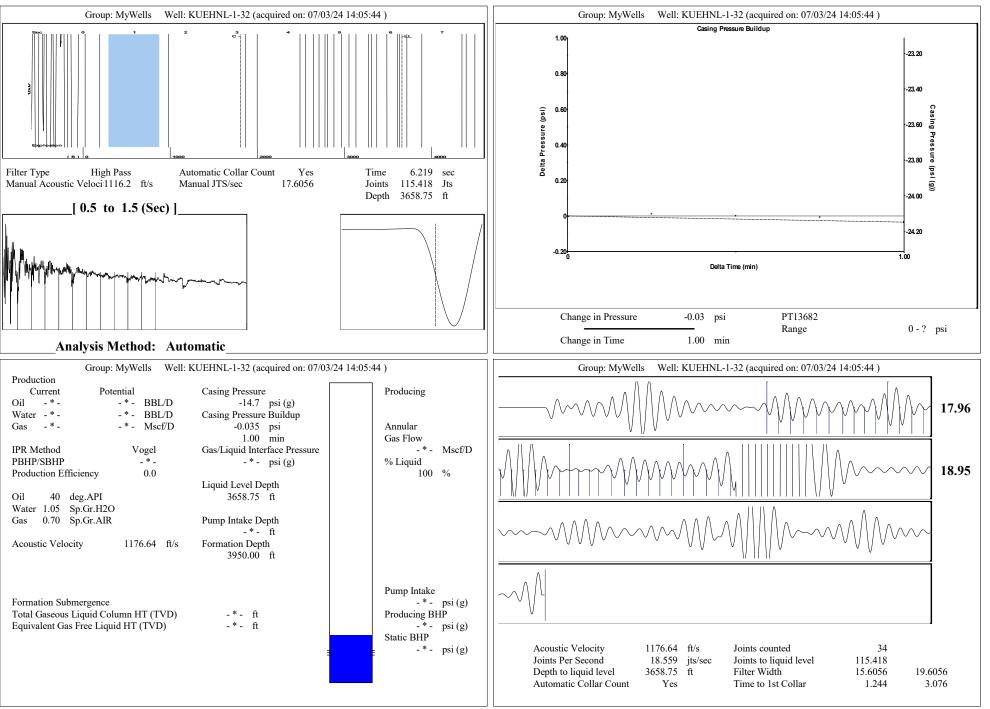
| OPERATOR: License#<br>Name:<br>Address 1:        |               |                              |              | API No. 15-    | API No. 15-    Spot Description: |                         |              |            |                 |  |
|--|---------------|------------------------------|--------------|----------------|----------------------------------|-------------------------|--------------|------------|-----------------|--|
|  |               |                              |              | _ Spot Descr   |                                  |                         |              |            |                 |  |
|  |               |                              |              | _              |                                  |                         |              |            |                 |  |
| Address 2:                                       |               |                              |              | _              |                                  |                         |              |            | Line of Section |  |
| City:  | State:        | Zip:                         | +            | 0001000        | feet from E / W Line of Section  |                         |              |            |                 |  |
| Contact Person:                                  |               |                              |              | GPS Local      | GPS Location: Lat: , Long:       |                         |              |            |                 |  |
|  |               |                              |              |                |                                  |                         |              |            |                 |  |
|  |               |                              |              |                |                                  |                         |              |            |                 |  |
| Field Contact Person:                            |               |                              |              | Well Type: (   | (check one) 🗌 (                  | Oil 🗌 Gas 🗌 OG 🗌 W      | /sw 🗌 c      | Other:     |                 |  |
| Field Contact Person Phone                       |               |                              |              |                |                                  | ENH                     |              |            |                 |  |
|  |               |                              |              |                |                                  |                         |              |            |                 |  |
|  |               |                              |              | Spud Date:     |                                  | Date Shu                | t-In:        |            |                 |  |
|  | Conductor     | Surfac                       | e            | Production     | Intermedia                       | ate Line                | r            | 1          | Tubing          |  |
| Size   |               |                              |              |                |                                  |                         |              |            |                 |  |
| Setting Depth                                    |               |                              |              |                |                                  |                         |              |            |                 |  |
| Amount of Cement                                 |               |                              |              |                |                                  |                         |              |            |                 |  |
| Top of Cement                                    |               |                              |              |                |                                  |                         |              |            |                 |  |
| Bottom of Cement                                 |               |                              |              |                |                                  |                         |              |            |                 |  |
| Casing Fluid Level from Sur                      | face          |                              | How Determin | ed?            |                                  |                         | Dat          | <u>م</u> . |                 |  |
| Casing Squeeze(s):                               |               |                              |              |                |                                  |                         |              |            |                 |  |
|  |               |                              |              | (top)          | (bottom)                         |                         |              |            |                 |  |
| Do you have a valid Oil & G                      | as Lease? Yes | No                           |              |                |                                  |                         |              |            |                 |  |
| Depth and Type: Dunk i                           | n Hole at     | Tools in Hole                | e at         | Casing Leaks:  | Yes No                           | Depth of casing leak(s) | :            |            |                 |  |
| Type Completion:                                 |               |                              |              |                |                                  |                         |              |            |                 |  |
|  |               |                              |              |                |                                  |                         |              |            |                 |  |
| Packer Type:                                     | Size:         |                              |              |                |                                  |                         |              |            |                 |  |
|  |               |                              |              |                |                                  |                         |              |            |                 |  |
| Packer Type:                                     |               |                              |              |                |                                  |                         |              |            |                 |  |
| Packer Type:<br>Total Depth:<br>Geological Date: | Plug E        |                              |              |                | od:                              |                         |              |            |                 |  |
| Packer Type:                                     | Plug E        | ack Depth:<br>n Top Formatic | n Base       | Plug Back Meth | od:Com                           |                         | e Interval _ | to         | >Fee            |  |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> 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:

| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 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 http://kcc.ks.gov/

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

07/10/2024

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

Re: Temporary Abandonment API 15-163-23461-00-00 KUEHNL 1-32 SE/4 Sec.32-09S-20W Rooks 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 07/10/2025.

\* 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 07/10/2025.

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

Very truly yours,

**RICHARD WILLIAMS**"