Form CP-111

July 2017

Form must be Typed

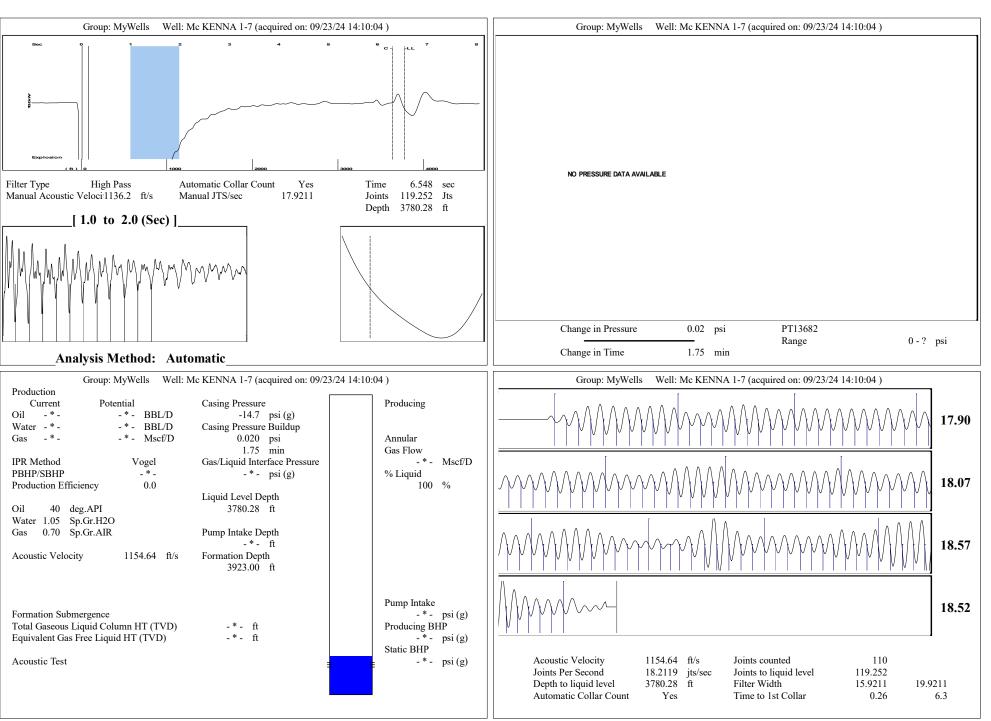
Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| DPERATOR: License#   |                                    |                       |           | API No. 15                      |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|--|------------------------------------|-----------------------|-----------|---------------------------------|------------------|------------------------|---------------------|-----------|--|-------|-------|----|--|--|--|--|--|--|--|--|
|  |                                    |                       |           | Spot Description:               |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Address 1:   |                                    |                       |           |                                 | •                | Twp \$                 |                     | ]E []W    |  |       |       |    |  |  |  |  |  |  |  |  |
| Address 2:   |                                    |                       |           |                                 |                  | feet from              |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| City:          State:          Contact Person:          Contact Person Email:          Field Contact Person: |                                    |                       |           | GPS Location: Lat:              |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    |                       |           |                                 |                  |                        |                     |           | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil         Gas         OG         WSW         Other: |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    |                       |           | Field Contact Person Phone: ( ) |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    |                       |           |                                 | Conductor        | Surface                | Pro                 | duction   | Intermediate   | Liner | Tubii | ng |  |  |  |  |  |  |  |  |
| Size   |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Setting Depth  |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Amount of Cement   |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Top of Cement  |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Bottom of Cement   |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Casing Fluid Level from Surf   |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Do you have a valid Oil & Ga   |                                    |                       |           | (ιορ)                           | (bottom)         |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    | _                     |           |                                 | J                |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Depth and Type:  |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Type Completion: ALT.  | I ALT. II Depth o                  | f: DV Tool:(depth)    | w/_       | sacks                           | s of cement Por  | t Collar: \ (depth)    | w / sack            | of cement |  |       |       |    |  |  |  |  |  |  |  |  |
| Packer Type:   |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Total Depth:   | Plug Back Depth: Plug Back Method: |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Geological Date:   |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Formation Name   | Formation <sup>-</sup>             | Top Formation Base    |           |                                 | Completi         | on Information         |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| l  |                                    | ·                     | Perfo     | ration Interval                 | ·                |                        | erval to            | Feet      |  |       |       |    |  |  |  |  |  |  |  |  |
| 2.   | At:                                | to Feet               |           | ration Interval                 |                  | Feet or Open Hole Inte |                     | Feet      |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| INDED DENALTY OF BED   | IIIBV I LIEBEDV ATTE               | CT TUAT TUE INICODMAT | ION COI   | NTAINED HED                     | EIN IS TOLIE AND | COBBECT TO THE BEG     | ET OF MAY IMMORAL   | EDCE      |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    | Submitte              | d Ele     | ctronicall                      | У                |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    |                       |           | ·                               |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   |                                    |                       |           |                                 | Date Plugged:    | Date Repaired:         | Date Put Back in Se | ervice:   |  |       |       |    |  |  |  |  |  |  |  |  |
| Review Completed by:   |                                    |                       | _ Comm    | nents:                          |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
| TA Approved: Yes   | Denied Date:                       |                       | - "       |                                 |                  |                        |                     | _         |  |       |       |    |  |  |  |  |  |  |  |  |
| in Apploved.   165   | Defiled                            |                       |           |                                 |                  |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |
|  |                                    | Mail to the Appro     | opriate l | KCC Conserv                     | vation Office:   |                        |                     |           |  |       |       |    |  |  |  |  |  |  |  |  |

| Name have been not not be an and have been made from the   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |
|--|--|--------------------|--|
| 1000      | 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 |  |
| Size Name Street | 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

09/25/2024

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

Re: Temporary Abandonment API 15-163-23465-00-00 MCKENNA 1-7 NE/4 Sec.07-10S-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 09/25/2025.

- \* 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 09/25/2025.

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

Very truly yours,

**RICHARD WILLIAMS"**