

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

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. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

| | Conductor | Surface | Production | Intermediate | Liner | Tubing |
|------------------|-----------|---------|------------|--------------|-------|--------|
| 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: _____
(top) (bottom) (top) (bottom)
 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): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

| Formation Name | Formation Top | Formation Base | Completion Information |
|----------------|---------------|----------------|--|
| 1. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |
| 2. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |

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: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____ | | | | | |

Mail to the Appropriate KCC Conservation Office:

| | | |
|--|--|--------------------|
|  | 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 |

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

Form U-7
August 2019

Disposal: Enhanced Recovery: KCC District No.: _____ API No.: 15-063-22413-00-00 Permit No.: _____
 Operator License No. 30742 Name: PALOMINO Petroleum, Inc. - NW NW NW Sec. 15 Twp. 15 S. R. 26 East West
 Address 1: 4924 SG BATH ST 330' Feet from North / South Line of Section
 Address 2: _____ 330' Feet from East / West Line of Section
 City: Newton State: KS Zip: 67114 + 8827 Lease: BEARCAT Well No.: 1
 Contact Person: NICK BEASTNER Phone: (316) 799-1000 County: GOVE

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 | Tubing |
|--|--|-----------------------|---|---------------------|-------------|--------------|
| Size: | | <u>8.625"</u> | | <u>5.5"</u> | | <u>2.785</u> |
| Set at: | | <u>223'</u> | | <u>4417'</u> | | <u>3893</u> |
| Sacks of Cement: | | | | | | <u>J-55</u> |
| Cement Top: | | <u>0</u> | | | | |
| Cement Bottom: | | <u>223</u> | | | | |
| Packer Type: | <u>Model G</u> | | | | Set at: | <u>3893</u> |
| <input type="checkbox"/> DV Tool <input checked="" type="checkbox"/> Port Collar | Depth of: <u>1896</u> feet with <u>175</u> sacks of cement | | TD (and plug back): <u>4417' (4000' @ 180)</u> feet depth | | | |
| Zone of Injection Formation: | <u>LKC</u> | Top Feet: <u>3925</u> | Bottom Feet: <u>3932</u> | Perf. or Open Hole: | <u>Perf</u> | |

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: 38.754889 Long: 100.20695 Date Acquired: 3/6/24
 Type MIT: Pressure MIT Reason: _____
 Time in Minute(s): 0 15 30 _____
 Pressures: Set up 1 345 345 345 _____
 Set up 2 _____
 Set up 3 _____
 Tested: Casing or Casing - Tubing Annulus System Pressure during test: 10 psi Bbls. to load annulus: 0
 Test Date: 3/6/24 Using: WALKER TRACKING & LOGGING Company's Equipment
 The zone tested for this well is between 0 feet and 3893 feet.
 The test results were verified by operator's representative:
 Name: [Signature] Title: Geologist Phone: (857) 798-5977

| | |
|---|--|
| KCC Office Use Only The results were: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory Next MIT: _____ | State Agent: <u>[Signature]</u> Title: <u>JCS</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Remarks: <u>Circumferential EDDBI TRACKING WATER ON BIRKSHIR</u> <u>2-year cycle</u> |

05/07/2025

Klee Robert Watchous
Palomino Petroleum, Inc.
4924 SE 84TH ST
NEWTON, KS 67114-8827

Re: Temporary Abandonment
API 15-063-22413-00-00
BEARCAT 1
NW/4 Sec.15-15S-26W
Gove County, Kansas

Dear Klee Robert Watchous:

"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 05/07/2026.

- * 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 05/07/2026.

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

Very truly yours,

RICHARD WILLIAMS"