

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form must be Typed

Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 33036

Name: Strata Exploration, Inc.

Address 1: PO BOX 401

Address 2: _____

City: FAIRFIELD State: IL Zip: 62837 + 0401

Contact Person: Sheila Kinney

Phone: (618) 842-2610

Contact Person Email: sheila@strata-exploration.com

Field Contact Person: Edgar Hinojos

Field Contact Person Phone: (620) 287-2106

API No. 15- 15-081-21473-00-00

Spot Description: NE SW NE SW Sec. 21 Twp. 29 S. R. 32 ☐ E ☒ W
1800 feet from ☐ N / ☒ S Line of Section
3492 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____
 Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
 County: Haskell Elevation: _____ ☐ GL ☐ KB
 Lease Name: LEONARD Well #: 1

Well Type: (check one) ☐ Oil ☐ Gas ☒ OG ☐ WSW ☐ Other: _____
☐ SWD Permit #: _____ ☐ ENHR Permit #: _____
☐ Gas Storage Permit #: _____
 Spud Date: 03/23/2003 Date Shut-In: 09/05/2024

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	na	8.625	5.5	na	na	na
Setting Depth		1800	5630			
Amount of Cement		610	300			
Top of Cement		0	4050			
Bottom of Cement		1800	5630			

Casing Fluid Level from Surface: 5103 How Determined? Fluid level testing instrument Date: 07/07/2026

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 _____ (depth) ☐ Tools in Hole at _____ (depth) 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
 (depth) (depth)

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: 5632 Plug Back Depth: 5630 Plug Back Method: cement

Geological Date:

Formation Name Formation Top Formation Base Completion Information
 1. Atoka At: 5066 to 5133 Feet Perforation Interval 5078 to 5120 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:	<u>Michael Maier</u>				
TA Approved: ☒ Yes ☐ Denied	Date: <u>08/06/2026</u>				

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

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER STRATA EXPLORATION
WELL NAME LEONARD #1
LOCATION NE SW NE SW 21-29S-32W
COUNTY HASKELL STATE KS

CSG WT SET @ TD PB GL
TBG WT SET @ SN PKR KB
PERFS TO TO TO TO TO
PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

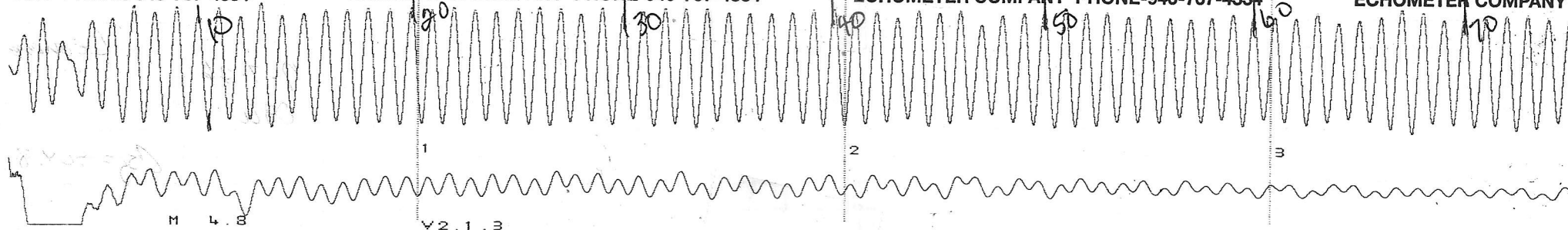
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL SPEICAL ENDING TEST: ANNUAL RETEST DATE 7-7-26		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBL.	WATER BBL.	REMARKS PERTINENT TO TEST DATA QUALITY		
TUESDAY														ASSUME AVERAGE JT. LENGTH =31.5'		
7-7-26														CONDUCT LIQUID LEVEL DETERMINATION TEST		
0900		564.8		PUMP OFF										SHOT	JTS TO	DISTANCE
														#	FLUID	TO FLUID
														1	162.0	5103'
														2	162.0	5103'

ANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY

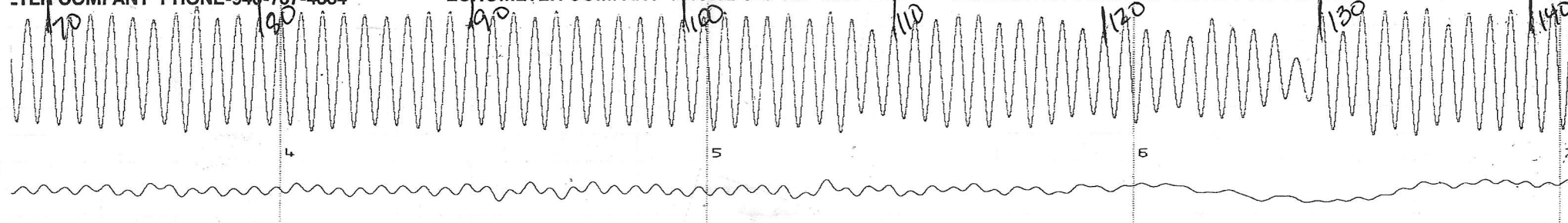


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ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

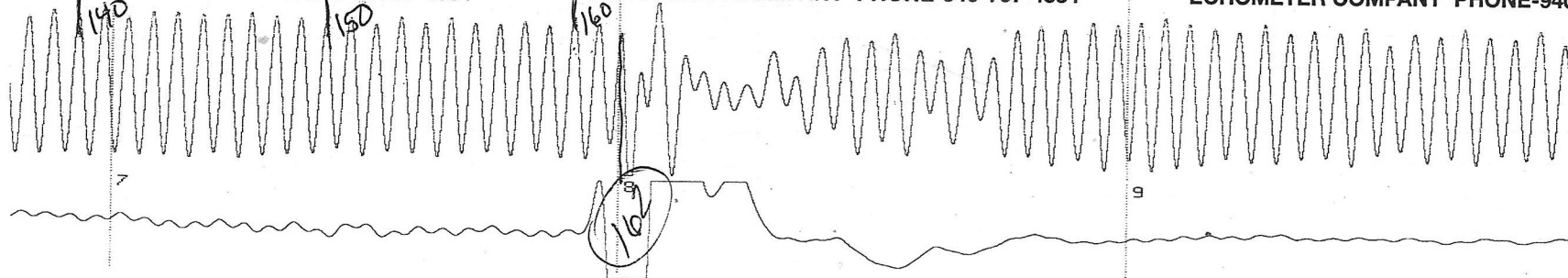
ECHOMETER (



CHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-7



08/06/2026

Sheila Kinney
Strata Exploration, Inc.
PO BOX 401
FAIRFIELD, IL 62837-0401

Re: Temporary Abandonment
API 15-081-21473-00-00
LEONARD 1
SW/4 Sec.21-29S-32W
Haskell County, Kansas

Dear Sheila Kinney:

"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 08/06/2027.

- * 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 08/06/2027.

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

Very truly yours,

Michael Maier"