

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# 31938

Name: Indian Oil Co., Inc.

Address 1: 308 S. Main St.

Address 2: PO BOX 209

City: MEDICINE LODGE State: KS Zip: 67104 + 0209

Contact Person: Anthony Farrar

Phone: (620) 886-3763

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-007-23183-00-00

Spot Description: _____

_____ - SE NW Sec. 6 Twp. 34 S. R. 15 ☐ E ☒ W

1865 feet from ☒ N / ☐ S Line of Section

2130 feet from ☐ E / ☒ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Barber Elevation: _____ ☐ GL ☐ KB

Lease Name: PLATT Well #: 2-6

Well Type: (check one) ☐ Oil ☐ Gas ☒ OG ☐ WSW ☐ Other: _____

☐ SWD Permit #: _____ ☐ ENHR Permit #: _____

☐ Gas Storage Permit #: _____

Spud Date: 08/30/2007 Date Shut-In: 12/16/2024

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	na	8.625	5.5	na	na	2.375
Setting Depth		268	5180			4545
Amount of Cement		200	150			na
Top of Cement		0	0			na
Bottom of Cement		268	5180			na

Casing Fluid Level from Surface: 1701 How Determined? Fluid Level Shot Date: 10/12/2026

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____

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

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

Total Depth: 5322 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name Formation Top Formation Base Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 4808 to 4826 Feet or Open Hole Interval _____ to _____ Feet

2. _____ At: _____ to _____ Feet Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

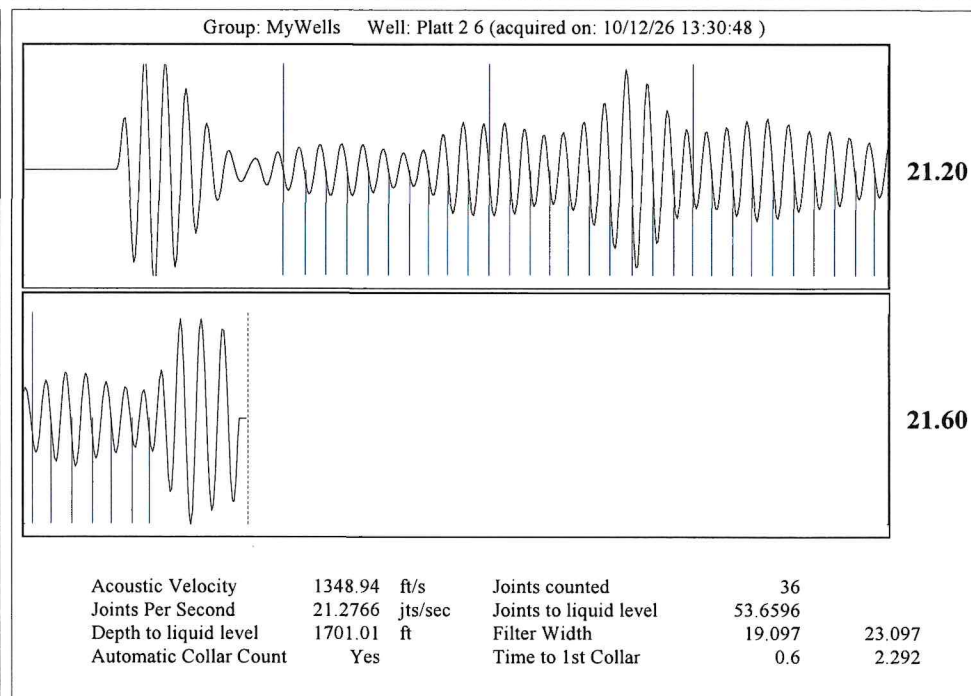
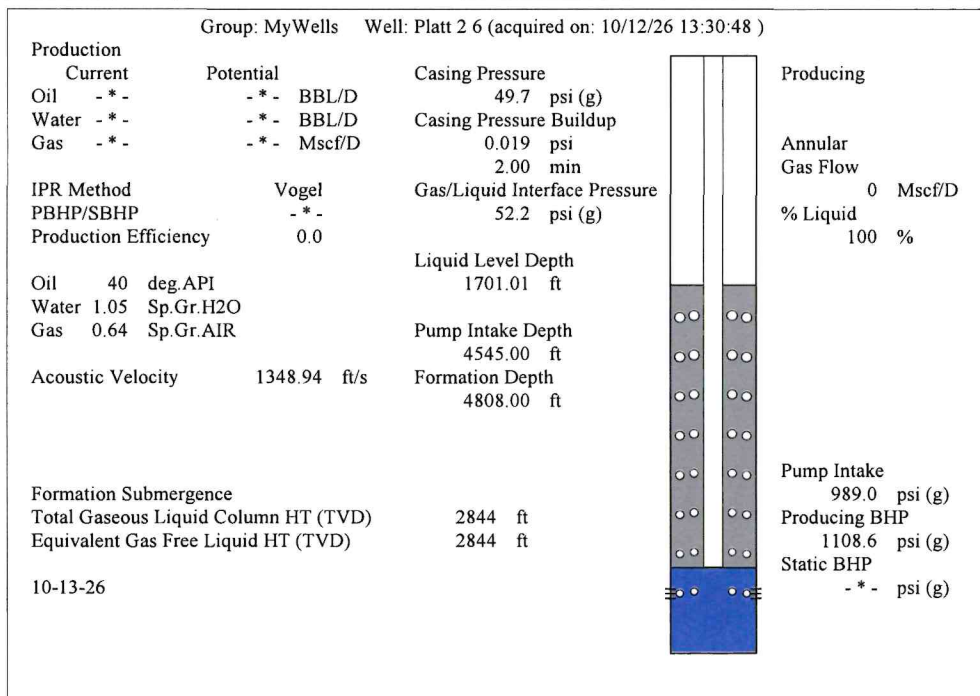
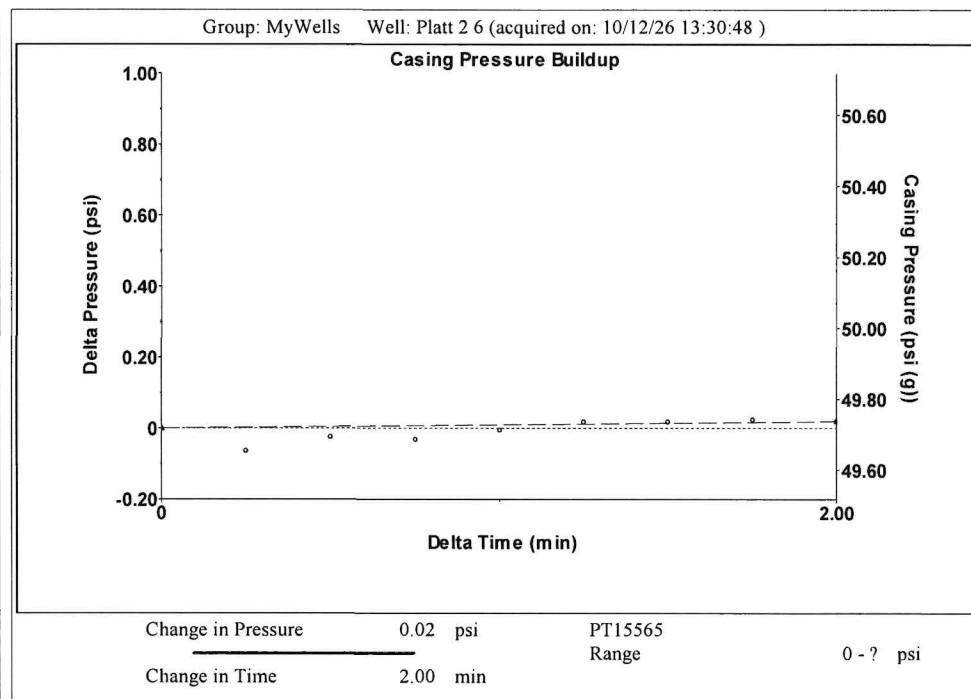
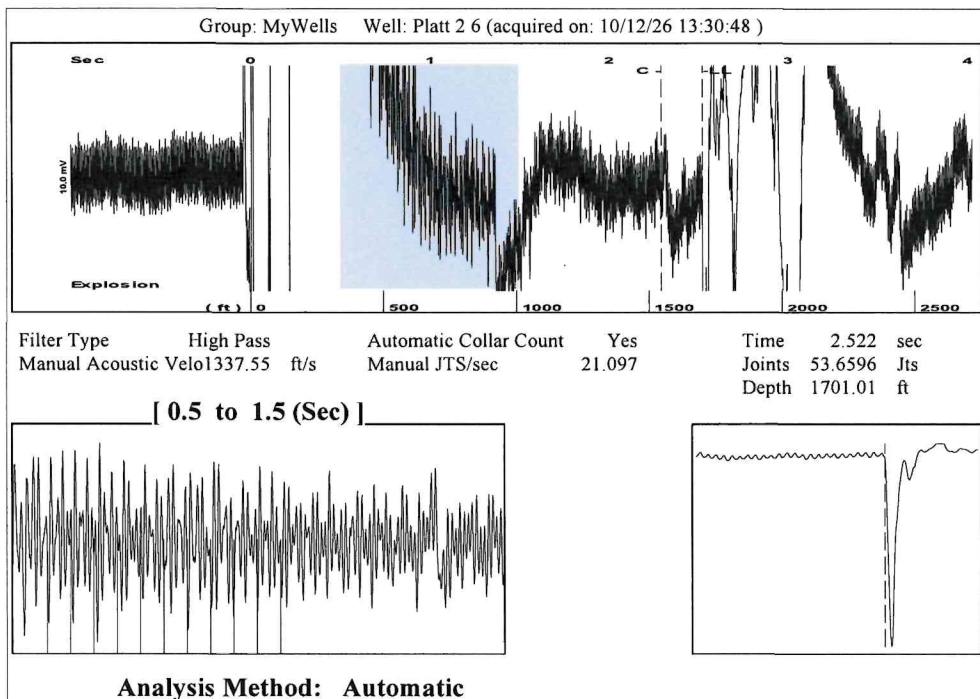
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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> Comments: _____				
TA Approved: ☒ Yes ☐ Denied Date: <u>10/26/2026</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



10/26/2026

Anthony Farrar
Indian Oil Co., Inc.
308 S. Main St.
PO BOX 209
MEDICINE LODGE, KS 67104-0209

Re: Temporary Abandonment
API 15-007-23183-00-00
PLATT 2-6
NW/4 Sec.06-34S-15W
Barber County, Kansas

Dear Anthony Farrar:

"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 10/26/2027.

- * 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 10/26/2027.

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

Very truly yours,

Michael Maier"