KANSAS CORPORATION COMMISS **OIL & GAS CONSERVATION DIVISION** 

Form CP-111 March 2017 Form must be Typed Form must be signed All blanks must be complete

1357141

## **TEMPORARY ABANDONMENT WELL APPLICATION**

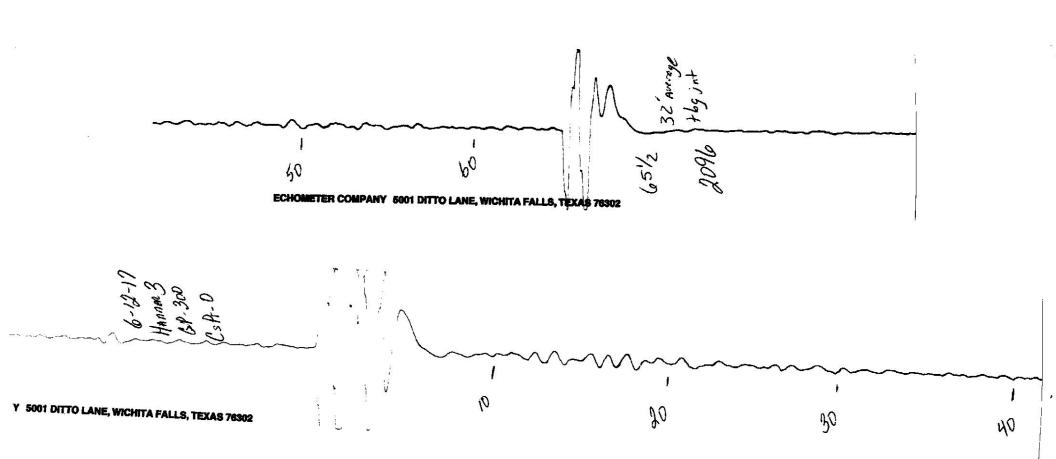
| OPERATOR: License#                                  |                    |                        |           | API No. 15                                      |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
|---|--------------------|------------------------|-----------|---|-----------------|------------------------|------------|--------|-----------|-----------------------|--|--|--|--|----|--|-----------|--|--|
| Name:   |                    |                        |           | Spot Description:                               |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Address 1:  |                    |                        |           |   | Sec             | Twp                    | _ S. R     |        | E 🗌 W     |                       |  |  |  |  |    |  |           |  |  |
| Address 2:  |                    |                        |           |   |                 | feet from              |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| City:    Zip:   +      Contact Person:     Phone:() |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
|   |                    |                        |           |   |                 |                        |            |        |           | Contact Person Email: |  |  |  | Lease Nam                                    | e: |  | _ Well #: |  |  |
|   |                    |                        |           |   |                 |                        |            |        |           | Field Contact Person: |  |  |  | Well Type: (check one) Oil Gas OG WSW Other: |    |  |           |  |  |
| Field Contact Person Phon                           | ie:()              |                        |           | SWD Permit #: ENHR Permit #:                    |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
|   | · · · ·            |                        |           | Gas Storage Permit #:  Spud Date: Date Shut-In: |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| <b></b>   | 1                  | 1                      |           | opuu Dale.                                      |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
|   | Conductor          | Surface                | Pro       | duction   | Intermediate    | Liner                  |            | Tubing |           |                       |  |  |  |  |    |  |           |  |  |
| Size  |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Setting Depth                                       |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Amount of Cement                                    |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Top of Cement                                       |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Bottom of Cement                                    |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Casing Fluid Level from Su                          | Irface:            | How Det                | ermined?  |   |                 |                        | Date:      | ·      |           |                       |  |  |  |  |    |  |           |  |  |
| Casing Squeeze(s):                                  | b) to w            | / sacks of cer         | ment,     | to  | w /             | sacks of cem           | ent. Date: | :      |           |                       |  |  |  |  |    |  |           |  |  |
| Do you have a valid Oil & O                         | Gas Lease? 🗌 Yes [ | No                     |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Depth and Type: Unk                                 | in Hole at [       | Tools in Hole at       | Cas       | sing Leaks:                                     | Yes No Dep      | oth of casing leak(s): |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Type Completion:                                    | (depth)            | (depti<br>of: DV Tool: | 1)<br>w / | sacks   | s of cement Por | t Collar:              | w/         | sack o | of cement |                       |  |  |  |  |    |  |           |  |  |
| Packer Type:  |                    |                        |           |   |                 |                        | ,          | 000000 | . comon   |                       |  |  |  |  |    |  |           |  |  |
|   |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Total Depth:  | Plug Ba            | ck Depth:              | F         | Plug Back Meth                                  | od:             |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Geological Date:                                    |                    |                        |           |   |                 |                        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| Formation Name                                      | Formation          | Top Formation Base     |           |   | Completi        | ion Information        |            |        |           |                       |  |  |  |  |    |  |           |  |  |
| 1   | At:                | to Feet                | Perfor    | ation Interval                                  | to              | Feet or Open Hole I    | nterval    | to     | Feet      |                       |  |  |  |  |    |  |           |  |  |
| 2   | At:                | to Feet                | Perfor    | ation Interval                                  | to              | Feet or Open Hole I    | nterval    | to     | Feet      |                       |  |  |  |  |    |  |           |  |  |
|   |                    | EOT TUAT TUE INFORMA   |           |   |                 |                        | EPTAE      |        | DOE       |                       |  |  |  |  |    |  |           |  |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 I                       | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Name     Name <th< th=""><th>KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801</th><th>Phone 620.682.7933</th></th<> | 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 |
| 100     100 <td>KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720</td> <td>Phone 620.432.2300</td>  | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |
| Entry Strate States  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |





Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner Sam Brownback, Governor

June 13, 2017

Doug Bramwell Bramwell Petroleum, Inc. 12826 SW 77 AVE ZENDA, KS 67159-9074

Re: Temporary Abandonment API 15-095-21657-00-00 HANNER 3 SE/4 Sec.01-30S-07W Kingman County, Kansas

Dear Doug Bramwell:

"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 06/13/2018.

\* 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 06/13/2018.

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

Very truly yours,

Steve VanGieson"