Form CF-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 785.261.6250

| OPERATOR: License#  |              |  |   |                                 |                          | API No. 15-  |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
|---|--------------|--|---|---------------------------------|--------------------------|--|---|---|----------------------|----------------|----------------------------|------|-------|---------|--|-----|---------|----------------|-------------------|--------|---|
| Name:Address 1:   |              |  |   |                                 |                          | API No. 15   |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
|   |              |  |   |                                 |                          |  |   |   |                      |                | Address 2:                 |      |       |         |  |     |         |                | feet from         |        |   |
| City:     State:     Zip:     +        Contact Person:        Phone:        Contact Person Email:        Field Contact Person:        Field Contact Person Phone:   |              |  |   |                                 |                          |  |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
|   |              |  |   |                                 |                          |  |   |   |                      |                | ried Contact reison rinone | ō.() |       |         |  |     | _       | rage Permit #: | <br>Date Shut-In: |        |   |
|   |              |  |   |                                 |                          |  |   |   |                      |                |                            | Cond | uctor | Surface |  | Pro | duction | Intermediate   | Liner             | Tubing | 1 |
|   |              |  |   |                                 |                          |  |   |   |                      |                | Size                       |      |       |         |  |     |         |                |                   |        |   |
|   |              |  |   |                                 |                          |  |   |   |                      |                | Setting Depth              |      |       |         |  |     |         |                |                   |        |   |
|   |              |  |   |                                 |                          |  |   |   |                      |                | Amount of Cement           |      |       |         |  |     |         |                |                   |        |   |
| Top of Cement   |              |  |   |                                 |                          |  |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
| Bottom of Cement  |              |  |   |                                 |                          |  |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
| Casing Squeeze(s):  | in Hole at _ | Yes  | Depth:  To ols in Hole at  Depth:  Depth:  To  To | (depth) (depth)  asse Feet Feet | Ca<br>w/_<br>_ Inch<br>I | sing Leaks: sacks Set at: Plug Back Methoration Interval _ | Yes No Depos of cement Port Port Port Port Port Port Port Por | oth of casing leak(s): w  It Collar: w  Geet  ion Information  Feet or Open Hole Interv  Feet or Open Hole Interv | / sack o             | of cement Feet |                            |      |       |         |  |     |         |                |                   |        |   |
| Do NOT Write in This     Date Tested:     Results:       Space - KCC USE ONLY   |              |  |   |                                 | ılts:                    |  | Date Plugged:   | Date Repaired: Da   | ate Put Back in Serv | vice:          |                            |      |       |         |  |     |         |                |                   |        |   |
|   |              |  |   |                                 |                          |  |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
| Review Completed by:  |              |  |   |                                 | Comm                     | ents:  |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
| TA Approved: Yes  | Denied       |  |   |                                 |                          |  |   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
|   |              |  | Mail to th  | ne Appro                        | priate I                 | CC Conserv   | ation Office:   |   |                      |                |                            |      |       |         |  |     |         |                |                   |        |   |
| Oncore State Scene State Page Sci. and Appel State  |              | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |   |                                 |                          |  |   |   | Phone 620.68         | 2.7933         |                            |      |       |         |  |     |         |                |                   |        |   |
| Name   Same   Same |              | KCC District Office #2 - 3450 N. Rock Road, B                            |   |                                 |                          | Building 600, Suite 601, Wichita, KS 67226                 |   |   | Phone 316.33         | 7.7400         |                            |      |       |         |  |     |         |                |                   |        |   |
| State State San   |              | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720              |   |                                 |                          |  |   |   | Phone 620.90         | 2.6450         |                            |      |       |         |  |     |         |                |                   |        |   |

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

05/15/2024

Rick D. Briscoe Briscoe Petroleum, LLC PO BOX 6690 SHERIDAN, WY 82801-6690

Re: Temporary Abandonment API 15-007-24462-00-00 HARBAUGH HEIRS 2 NE/4 Sec.15-33S-12W Barber County, Kansas

## Dear Rick D. Briscoe:

- "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 05/15/2025.
- \* 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 05/15/2025.

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

Very truly yours,

Michael Maier"