July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

|   |                  |  |            | 1               |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
|---|------------------|--|------------|-----------------|--|---------------------|------------------------------|--|--|-------------------------------|---|--|--|--|---|--|--|--|
| OPERATOR: License#                                      |                  |  |            |                 | API No. 15-                                |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Name:   |                  |  |            |                 | ription:                                   |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Address 1:  |                  |  |            |                 |  |                     | R E W  I / S Line of Section |  |  |                               |   |  |  |  |   |  |  |  |
| Address 2:  |                  |  |            |                 |  |                     | : / W Line of Section        |  |  |                               |   |  |  |  |   |  |  |  |
|   |                  |  |            |                 | GPS Location: Lat:, Long:, (e.gxxx.xxxxxx) |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Contact Person:   |                  |  |            | Datum:          | NAD27 NAD83                                | WGS84               |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Phone:( )  Contact Person Email:  Field Contact Person: |                  |  |            |                 | County:                                    |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
|   |                  |  |            |                 |  |                     |                              |  |  | Field Contact Person Phone: ( | ) |  |  | ☐ SWD Permit #:         ☐ ENHR Permit #:           ☐ Gas Storage Permit #: |   |  |  |  |
|   |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  | : |  |  |  |
|   |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
|   | Conductor        | Surface  | Pro        | oduction        | Intermediate                               | Liner               | Tubing                       |  |  |                               |   |  |  |  |   |  |  |  |
| Size Satting Danth                                      |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Setting Depth   |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Amount of Cement  |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Top of Cement  Bottom of Cement                         |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Bottom or Cement  |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Casing Fluid Level from Surface:                        |                  | How D  | etermined? |                 |  | [                   | Date:                        |  |  |                               |   |  |  |  |   |  |  |  |
| Casing Squeeze(s): to to                                | w/               | sacks of o                                     | cement, _  | to _            | w/   | sacks of cement. I  | Date:                        |  |  |                               |   |  |  |  |   |  |  |  |
| Depth and Type:   | ALT. II Depth of | DV Tool:(depti                                 | w / _      | sack            | s of cement Port Co                        |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Total Depth:  | Plug Back        | Depth:   |            | Plug Back Metl  | nod:                                       |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Geological Date:  |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Formation Name  | Formation T      | op Formation Base                              |            |                 | Completion In                              | nformation          |                              |  |  |                               |   |  |  |  |   |  |  |  |
| 1   |                  |  | et Perfo   | ration Interval | ·  |                     | al toFeet                    |  |  |                               |   |  |  |  |   |  |  |  |
| ···   |                  | to Fee   |            |                 | to Feet                                    |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| -   | / W.             |  |            |                 |  | о. орон ного штог и |                              |  |  |                               |   |  |  |  |   |  |  |  |
| INDED DENALTY OF BED HIDV                               | HEDEDV ATTEC     | TTUATTUE INFORM                                | IATION CO  | NITAINED HE     | DEIN ISTRIIE AND COR                       | DECT TO THE DEST    | OE MV KNOW! EDGE             |  |  |                               |   |  |  |  |   |  |  |  |
|   |                  | Submit   | tted Ele   | ctronical       | У  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
|   |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
|   |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Do NOT Write in This Date Tested: Results:              |                  |  |            |                 | Date Plugged:                              | Date Repaired: Dat  | te Put Back in Service:      |  |  |                               |   |  |  |  |   |  |  |  |
| Space - KCC USE ONLY                                    |                  |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Review Completed by:                                    |                  |  | Comn       | nents:          |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| TA Approved: Yes Der                                    | nied Date: _     |  |            |                 |  |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
|   |                  | Mail to the Ap                                 | propriate  | KCC Conser      | vation Office:                             |                     |                              |  |  |                               |   |  |  |  |   |  |  |  |
| Now take how how has no make any house                  | KCC Distric      | KCC District Office #1 - 210 E. Frontview, Sui |            |                 |  | Phone 620.682.7933  |                              |  |  |                               |   |  |  |  |   |  |  |  |
|   | _                |  |            |                 | Suite 601, Wichita, KS 6                   | 7226                | Phone 316.337.7400           |  |  |                               |   |  |  |  |   |  |  |  |
|   | I KOO DISHIC     |  | oon noau,  | - ananig 000,   | oo i, i i ioi iii a, i i o o               |                     | Phone 316.337.7400           |  |  |                               |   |  |  |  |   |  |  |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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

| D CC + 1 D                              | 40 | Mary In the form of which of the house we have been been been to be the first of the first of the first free free free free free free free fre | ECHOMETER COMPANY⊕PHONE-940=767-4334 EC |     |  | BHONE-940-767-4334 C. F. ECHOMETER COMPANY PHONE-940-76794334 | PRODUCTION RATEPROD RATE EFF, | CASING PRESSURE DISTANCE PBHP                           |            | ECHOMETER COMPANY PHONE-940-767-4334 |
|---|----|--|---|-----|--|---|-------------------------------|---|------------|--------------------------------------|
| D . C . C . C . C . C . C . C . C . C . | 60 | I WIND WANT WIND WIND WAS IN   | ECHOMETER COMPANY PHONE-940-767-433     | 80- | a from the form of the formal from from from the | PHONE-940-76794334  | X                             | JOINTS TO LIQUID Q<br>DISTANCE TO LIQUID.2082 U<br>PBHP |            | ECHOMETER COMPANY PHONE-940-767-4334 |
|   | 5  |  | 0-767-4334                              |     |  | 0.058   | UID                           | OUTET WELL UPPER COLLARS P-P 0.009                      |            | ONE-940-767-4334                     |
|   |    | 5<br>5   |   |     |  | m∨  | ⊕<br>⊕                        | mV 10.0   | 07; 39; 29 | ECHON                                |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



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

Laura Kelly, Governor

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

## 08/26/2024

Doug Briggs Kantor Oil Company, LLC 5555 E 71ST ST STE 7350 TULSA, OK 74136-6542

Re: Temporary Abandonment API 15-079-20197-00-00 FREDERICK 16 NW/4 Sec.06-23S-03W Harvey County, Kansas

## Dear Doug Briggs:

"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 08/26/2025.

- \* 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 08/26/2025.

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

Very truly yours,

Virgil Clothier"