

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1

March 2010

This Form must be Typed

Form must be Signed

All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: 35714

Name: Briscoe Petroleum, LLC

Address 1: PO BOX 6690

Address 2: _____

City: SHERIDAN State: WY Zip: 82801 + 6690

Contact Person: Rick D. Briscoe

Phone: (307) 752-7630

API No. 15 - 15-007-24371-00-01

If pre 1967, supply original completion date: _____

Spot Description: _____

SW SWSE Sec. 35 Twp. 33 S. R. 12 ☐ East ☒ West

330 Feet from ☐ North / ☒ South Line of Section

2310 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Barber

Lease Name: TAMMY Well #: 2

Check One: ☒ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic ☐ Water Supply Well ☐ Other: _____

☐ SWD Permit #: _____ ☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8.625 Set at: 251 Cemented with: 150 Sacks

Production Casing Size: 5.5 Set at: 5198 Cemented with: 100 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Attached

Elevation: 1577 (☒ G.L. / ☐ K.B.) T.D.: 5198 PBTD: 4991 Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: ☒ Good ☐ Poor ☐ Junk in Hole ☐ Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Plug per KCC orders from PBTD

Is Well Log attached to this application? ☐ Yes ☐ No Is ACO-1 filed? ☒ Yes ☐ No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Rick D. BriscoeAddress: PO BOX 6690 City: SHERIDAN State: WY Zip: 82801 + _____Phone: (307) 752-7630Plugging Contractor License #: 5105 Name: Clarke CorporationAddress 1: 107 W FOWLER AVE Address 2: _____City: MEDICINE LODGE State: KS Zip: 67104 + 1534Phone: (620) 886-5665

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2021

Form Must Be Typed

Form must be Signed

All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☐ T-1 (Transfer) ☒ CP-1 (Plugging Application)

OPERATOR: License # 35714
 Name: Briscoe Petroleum, LLC
 Address 1: PO BOX 6690
 Address 2: _____
 City: SHERIDAN State: WY Zip: 82801 + 6690
 Contact Person: Rick D. Briscoe
 Phone: (307) 752 Fax: (_____) _____
 Email Address: rbriscoe@briscoepetroleum.com

Well Location:
SW SW SE Sec. 35 Twp. 33 S. R. 12 ☐ East ☒ West
 County: Barber
 Lease Name: TAMMY Well #: 2
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Brian J and Tandra A. Poland, Trustees
 Address 1: 10194 SE 130th Avenue
 Address 2: _____
 City: Isabel State: KS Zip: 67065 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- ☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (see Chapter 55 of the Kansas Statutes Annotated), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Briscoe Petroleum, LLC
Well Name	TAMMY 2
Doc ID	1815268

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5079	5092	Viola	
5041	5051	Woodford	5075

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

January 29, 2025

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

Re: Plugging Application
API 15-007-24371-00-01
TAMMY 2
SE/4 Sec.35-33S-12W
Barber County, Kansas

Dear Rick D. Briscoe:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 682-7933. Failure to notify DISTRICT 1, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after July 27, 2025. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The July 27, 2025 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 1

Summary of Changes

Lease Name and Number: TAMMY 2

API/Permit #: 15-007-24371-00-01

New Doc ID: 1815268

Parent Doc ID: 1815123

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	01/28/2025	01/29/2025
Plug Back Total Depth	5075	4991
Printed	Yes	

Summary of Attachments

Lease Name and Number: TAMMY 2

API: 15-007-24371-00-01

Doc ID: 1815268

Correction Number: 1

Attachment Name

Plugging Approval Letter