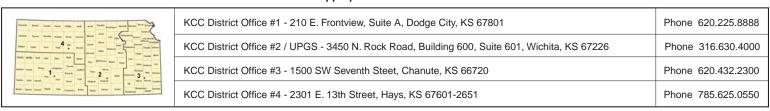
June 2011 Form must be Typed Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

tamo.	OPERATOR: License#				API No. 15- Spot Description:										
Address 1:					•	Twp S. R									
Address 2:						feet from N /	S Line of Section								
City: +															
								Phone:()						_ WGS84 evation:	□GI □KB
Contact Person Email: Field Contact Person: Field Contact Person Phone: ()				Lease Name:											
									(rage Permit #:	Date Shut-In:	
									Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing
Size							<u></u>								
Setting Depth															
Amount of Cement															
Top of Cement															
Bottom of Cement															
•						Date: sacks of cement. Date:									
(top) Do you have a valid Oil & G				(top)	(bottom)										
			0	–]v 🗀 v 🌣 u										
						of casing leak(s):									
Type Completion: ALT.	. IALT. II Depth o	of: DV Tool:) w/_	sacks	of cement Port Co	ollar: w /	sack of cemen								
Packer Type:	Size:		Inch	Set at:	Feet										
Total Depth:	Plug Ba	ck Depth:		Plug Back Metho	od:										
Geological Date:															
Formation Name	Formation	Top Formation Base				Information									
	· oa.o	10p 101111411011 2400			Completion										
	At:	to Fee	t Perfo	ration Interval	Completion to Fee		to Feet								
					to Fee	t or Open Hole Interval									
1 2	At:	to Fee	t Perfo	ration Interval _	toFee	t or Open Hole Interval t or Open Hole Interval	toFeet								
1 2	At:	to Fee	t Perfo	ration Interval _	to Fee	t or Open Hole Interval	toFeet								
1 2	At:	to Fee	t Perfo	ration Interval _	to Fee	t or Open Hole Interval t or Open Hole Interval	toFeet								
1 2	At:At:ATTE	Submit	t Perfo	ration Interval _	to Fee	et or Open Hole Interval	toFeet								
Do NOT Write in This	At:At:	Submit	t Perfo	ctronically	to Fee Fee To Fe	t or Open Hole Interval t or Open Hole Interval Date Repaired: Date Put	toFeet								
Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Submit	ted Ele Results: Comm	ctronically	to Fee Fee To Fe	t or Open Hole Interval t or Open Hole Interval Date Repaired: Date Put	toFeet								



Conservation Division District Office No. 3 1500 W. Seventh Chanute, KS 66720



Phone: 620-432-2300 Fax: 620-432-2309 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

August 18, 2015

Pam Graves CherokeeNRG LLC P.O. BOX 111 112 SOUTH 5TH STREET NEODESHA, KS 66757

Re: Temporary Abandonment API 15-207-24629-00-00 HAMMOND 2 NE/4 Sec.22-25S-17E Woodson County, Kansas

Dear Pam Graves:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

Lack of Surface control

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by September 17, 2015.

Sincerely,

Ryan Duling