Form CP-111 June 2011 Form must be Typed

Form must be signed All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#  |                       |                        |         |                   | API No. 15-        |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
|---|-----------------------|------------------------|---------|-------------------|--------------------|------------------------|------------|---------------|---------|--|------------------|-----------|---------|-----|------------|--------------|-------------|--|--------|--|
| Name:   |                       |                        |         | Spot Description: |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Address 1:  |                       |                        |         |                   | •                  | Twp                    |            |               | w       |  |                  |           |         |     |            |              |             |  |        |  |
| Address 2:  |                       |                        |         |                   |                    | feet from              | N /        | S Line of     | Section |  |                  |           |         |     |            |              |             |  |        |  |
| City:       State:       Zip:       +         Contact Person: |                       |                        |         |                   | GPS Location: Lat: |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
|   |                       |                        |         |                   |                    |                        |            |               |         |  |                  |           |         |     | Spud Date. |              | Date Shut-i |  |        |  |
|   |                       |                        |         |                   |                    |                        |            |               |         |  |                  | Conductor | Surface | Pro | duction    | Intermediate | Liner       |  | Tubing |  |
|   |                       |                        |         |                   |                    |                        |            |               |         |  | Size             |           |         |     |            |              |             |  |        |  |
|   |                       |                        |         |                   |                    |                        |            |               |         |  | Setting Depth    |           |         |     |            |              |             |  |        |  |
|   |                       |                        |         |                   |                    |                        |            |               |         |  | Amount of Cement |           |         |     |            |              |             |  |        |  |
|   |                       |                        |         |                   |                    |                        |            |               |         |  | Top of Cement    |           |         |     |            |              |             |  |        |  |
| Bottom of Cement  |                       |                        |         |                   |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Casing Fluid Level from Sur                                   |                       |                        |         |                   |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Casing Squeeze(s):  | to w /                | sacks of cen           | nent,   | to                | w /                | sacks of cem           | ent. Date: |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Do you have a valid Oil & Ga                                  | as Lease? Yes         | No                     |         |                   |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Denth and Type:   | n Hole at             | Tools in Hole at       | Ca      | sing Leaks:       | Yes No Der         | oth of casing leak(s): |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Depth and Type:   |                       |                        |         |                   |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Type Completion: ALT.   |                       |                        |         |                   |                    |                        | _ w /      | Sack of       | cement  |  |                  |           |         |     |            |              |             |  |        |  |
| Packer Type:  | Size:                 |                        | Inch    | Set at:           | F                  | eet                    |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Total Depth:  | Plug Ba               | ck Depth:              |         | Plug Back Meth    | od:                |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Geological Date:  |                       |                        |         |                   |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Formation Name  | Formation             | Top Formation Base     |         |                   | Complet            | ion Information        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| I   |                       | •                      | Perfo   | ration Interval   | •                  | Feet or Open Hole In   | nterval    | to            | Feet    |  |                  |           |         |     |            |              |             |  |        |  |
| )   | At:                   | to Feet                |         | ration Interval   |                    | Feet or Open Hole II   |            | to            | Feet    |  |                  |           |         |     |            |              |             |  |        |  |
|   | ,                     |                        |         | . allon mior var  |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| INDED DENIALTY OF DED   | IIIDV I UEDEDV ATTE   | ECT TUAT TUE INICODMAT | TION CO | NITAINED LIEB     | EIN ICTOLIE AND    | CODDECT TO THE D       | ECT OF MV  | NIOWI EL      | )CE     |  |                  |           |         |     |            |              |             |  |        |  |
|   |                       | Submitte               | ed Ele  | ctronicall        | V                  |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
|   |                       |                        |         |                   | ,                  |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                  | Date Tested: Results: |                        |         |                   | Date Plugged:      | Date Repaired:         | Date Put B | ack in Servio | ce:     |  |                  |           |         |     |            |              |             |  |        |  |
| Review Completed by:  |                       |                        | Comn    | nents:            |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
| TA Approved: Yes  | Denied Date:          |                        |         | <del></del>       |                    |                        |            |               | _       |  |                  |           |         |     |            |              |             |  |        |  |
| in Approved:   res  | Denied Date.          |                        |         |                   |                    |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |
|   |                       | Mail to the Appr       | opriate | KCC Conserv       | ration Office:     |                        |            |               |         |  |                  |           |         |     |            |              |             |  |        |  |

| There had been too the too and held took took took took took took took too   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| There has been and be to the same the s | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| *** *** *** *** *** *** *** *** *** **   | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Name Name   Name | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

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

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

April 28, 2016

TRACY MILLER
Cherokee Wells LLC
5201 CAMP BOWIE BLVD
STE 200
FT WORTH, TX 76107-4181

Re: Temporary Abandonment API 15-205-27297-00-00 E. HORMANN A-1 SW/4 Sec.11-29S-13E Wilson County, Kansas

## Dear TRACY MILLER:

- "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 04/28/2017.
- \* 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 04/28/2017.

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

Very truly yours,

Alan Dunning"