Form CP-111 June 2011 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#   |                       |                    |             | API No. 15                      |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
|--|-----------------------|--------------------|-------------|---------------------------------|------------------|-------------------|----------------|-------------|----------|--|---------------------------------|-----------|---------|-----|---------|--|---------|---------|--------|--|--|--|
| Name:  |                       |                    |             | Spot Description:               |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Address 1:   |                       |                    |             |                                 | Sec              | Twp               | S. R           |             | E W      |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Address 2:   |                       |                    |             |                                 |                  | feet fro          |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| City: State: Zip: +         Contact Person:         Phone:()         Contact Person Email:         Field Contact Person: |                       |                    |             | feet from E / W Line of Section |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
|  |                       |                    |             | GPS Location: Lat:              |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
|  |                       |                    |             |                                 |                  |                   |                |             |          |  | Field Contact Person Phone: ( ) |           |         |     |         | ☐ SWD Permit #:         ☐ ENHR Permit #:           ☐ Gas Storage Permit #: |         |         |        |  |  |  |
|  |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         | •  | Date SI | hut-In: |        |  |  |  |
|  |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 | Conductor | Surface | Pro | duction | Intermediate   | e Li    | ner     | Tubing |  |  |  |
| Size   |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Setting Depth  |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Amount of Cement   |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Top of Cement  |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Bottom of Cement   |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Depth and Type:  Junk  Type Completion:  ALT  Packer Type:  Total Depth:   | ALT. II Depth o       | f: DV Tool:(depth) | w /<br>Inch | sacks                           | s of cement P    | ort Collar:(depth |                |             | f cement |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Geological Date:   |                       |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Formation Name   |                       | Top Formation Base |             |                                 | Comple           |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| 1  | At:                   | to Feet            | Perfor      | ration Interval .               |                  | _ Feet or Open Ho |                |             | Feet     |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| 2  | At:                   | to Feet            | Perfor      | ration Interval -               | to               | _ Feet or Open Ho | ole Interval — | to          | Feet     |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| IINDEB DENALTY OF BEI  | O IIIDV I UEDEDV ATTE |                    |             | ctronically                     |                  | D CODDECTTOTL     | IE DECT OF R   | AV IZNOMI E | DOE      |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   | Date Tested:          | Re                 |             | Date Plugged                    | d: Date Repaired | d: Date Pu        | t Back in Serv | rice:       |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| Review Completed by:   |                       |                    | Comm        | ents:                           |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
| TA Approved: Yes   | Denied Date:          |                    |             |                                 |                  |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |
|  |                       | Mail to the Appr   | ropriate k  | CC Conserv                      | ration Office:   |                   |                |             |          |  |                                 |           |         |     |         |  |         |         |        |  |  |  |

| Street byte last the talk to and had been been to be been been been been been been been  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
|  | 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 |  |
| Same from the first field of tends from the tend to the field state of | 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 13, 2016

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

Re: Temporary Abandonment API 15-205-27250-00-00 PRYOR A-1 NE/4 Sec.28-29S-14E 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 04/13/2017.
- \* 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 04/13/2017.

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

Very truly yours,

Alan Dunning"