Form CP-111 Oct 2016 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                           |                    |                      |            | API No. 15Spot Description:          |                    |                   |              |                      |                 |                                 |     |  |  |  |
|--|--------------------|----------------------|------------|--------------------------------------|--------------------|-------------------|--------------|----------------------|-----------------|---------------------------------|-----|--|--|--|
|  |                    |                      |            |                                      |                    |                   |              |                      |                 | Address 1:                      |     |  |  |  |
| Address 2:                                   |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| City:  |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
|  |                    |                      |            |                                      |                    |                   |              |                      |                 | County: Elevation: GL           |     |  |  |  |
|  |                    |                      |            | Lease Name:                          |                    |                   |              |                      |                 |                                 |     |  |  |  |
|  |                    |                      |            |                                      |                    |                   |              |                      |                 | Field Contact Person Phone: ( ) |     |  |  |  |
|  |                    |                      |            |                                      |                    |                   |              |                      | orage Permit #: |                                 | In: |  |  |  |
|  |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
|  | Conductor          | Surface              | Pro        | oduction                             | Intermediate       | Liner             |              | Tubing               |                 |                                 |     |  |  |  |
| Size   |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Setting Depth                                |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Amount of Cement                             |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Top of Cement  Bottom of Cement              |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Bottom of Cement                             |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Casing Fluid Level from Surf                 | face:              | How De               | etermined? |                                      |                    |                   | Date: _      |                      |                 |                                 |     |  |  |  |
| Casing Squeeze(s):                           | to w /             | sacks of ce          | ement, _   | to                                   | W /                | sacks of cem      | ent. Date: _ |                      |                 |                                 |     |  |  |  |
| Do you have a valid Oil & Ga                 |                    |                      |            | (100)                                | (bottom)           |                   |              |                      |                 |                                 |     |  |  |  |
|  |                    |                      | _          |                                      | J                  |                   |              |                      |                 |                                 |     |  |  |  |
| Depth and Type:  Junk in                     |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Type Completion: ALT.                        | I ALT. II Depth of | of: DV Tool:(depth)  | w / _      | sack                                 | s of cement Port C | Collar:(depth)    | _ w /        | sack o               | f cement        |                                 |     |  |  |  |
| Packer Type:                                 | Size:              |                      | Inch       | Set at:                              | Fee                | t                 |              |                      |                 |                                 |     |  |  |  |
| Total Depth:                                 | Plug Bad           | ck Depth:            |            | Plug Back Meth                       | od:                |                   |              |                      |                 |                                 |     |  |  |  |
| Geological Date:                             |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Formation Name                               | Formation          | Top Formation Base   |            |                                      | Completion         | Information       |              |                      |                 |                                 |     |  |  |  |
| 1  | At:                | to Fee               | t Perfo    | ration Interval                      | to Fe              | et or Open Hole I | nterval      | to                   | Feet            |                                 |     |  |  |  |
| 2  | At:                | to Fee               | t Perfo    | ration Interval                      | to Fe              | et or Open Hole I | nterval      | to                   | Feet            |                                 |     |  |  |  |
| LINDED BENALTY OF BED                        | HIDVILLEDEDY ATTE  | CT THAT THE INCORM   | ATION CO   | NITAINED HE                          | TEN IS TOUT AND CO |                   | TET OF MY    | KNOWLE               | DOE             |                                 |     |  |  |  |
|  |                    |                      |            |                                      |                    |                   |              | <b>5 417 11177</b> E |                 |                                 |     |  |  |  |
|  |                    | Submit               | ted Ele    | ctronicall                           | У                  |                   |              |                      |                 |                                 |     |  |  |  |
|  |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:       | ate Tested: Results: |            | Date Plugged: Date Repaired: Date Pu |                    |                   | Date Put B   | ut Back in Service:  |                 |                                 |     |  |  |  |
| Review Completed by:                         |                    |                      | Comn       | nents:                               |                    |                   |              |                      |                 |                                 |     |  |  |  |
| TA Approved: Yes                             | Denied Date:       |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
| L  |                    |                      |            |                                      |                    |                   |              |                      |                 |                                 |     |  |  |  |
|  |                    | Mail to the App      | oropriate  | KCC Conserv                          | vation Office:     |                   |              |                      |                 |                                 |     |  |  |  |

| NAME AND DOOR DAY DOOR DAY DOOR DAYS DAYS WARE WARE THE PARTY DAYS   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |  |
|--|--|--------------------|--|
| 1000   1000   1000   1   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |  |
| dies trees trees that the large trees tree | 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

December 15, 2016

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

Re: Temporary Abandonment API 15-205-26729-00-00 TOPHAM A-5 NW/4 Sec.28-28S-15E 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 12/15/2017.
- \* 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 12/15/2017.

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

Very truly yours,

Alan Dunning"