Form must be Typed

TEMPORARY ABANDON

OPERATOR: License# _____

Contact Person Email: _____

Field Contact Person Phone: (_____) ____

Casing Fluid Level from Surface:_____

Do you have a valid Oil & Gas Lease? Yes No

Conductor

Casing Squeeze(s): _____ to ____ w / ____ sacks of cement,

Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) _____ Size: ____

2. _____ At: ____ to ____ Feet

LINDED DENALTY OF DED HIDY LUEDEDY ATTEST THAT THE INFORMATION O

__ Plug Back Depth: ___

Formation Top Formation Base _____ At: _____ to _____ Feet

_____ State: ____ Zip: ____ + _ _ _ _ _

Surface

Address 1: ___ Address 2: ____

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___ Total Depth: ___

Geological Date: Formation Name

Contact Person: ____ Phone:(_____) ___

Field Contact Person: _____

ΔΒΔΝ	DONME	NT WI	ELL APPLI	САТ	ION	Form must be signed All blanks must be complete			
ADAM		-141 771			1011	2.a			
		API No. 15-							
		Spot Descri	ption:						
					_	_			
+		GPS Location	on: Lat:	(x.xxxxx)	, Long:	(e.gxxx.xxxxx)			
			NAD27 NAD8		S. R E W N / S Line of Section E / W Line of Section (e.gxxx.xxxxx) GL KB Vell #:				
		Well Type: (check one) Oil Gas OG WSW Other:							
			rage Permit #:						
		Spud Date:							
face	Produ	ıction	Intermediate		Liner	Tubing			
How De	etermined?					Date:			
	(t	op)	(bottom)						
ole at	Casir	ng Leaks:	Yes No De	epth of ca	asing leak(s):				
			F		(аериі)				
	FIC	ig back ivietric	od:		_				
tion Base			Comple	tion Info	rmation				
Feet	Perforat	ion Interval _	to	Feet o	r Open Hole Interv	val toFeet			
Feet	Perforat	ion Interval_	to	Feet o	r Open Hole Interv	val toFeet			
JE INIEODM/	ATION CONT	AINED HED	EIN IS TOLIE AND	CORRI	OT TO THE BEST	OE MY KNOW! EDGE			
Submitt	ed Flect	ronically	1						

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Results:	Date Plugged:	Date Repaired:	Date Put Back in Service:
Review Completed by:		Comments:			
TA Approved: Yes	Denied Date:				

Mail to the Appropriate KCC Conservation Office:

these base from two tops on and first many made was form	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
100	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
The control of the co	KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
Similar State Stat	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

STATE OF KANSAS

CORPORATION COMMISSION CONSERVATION DIVISION DISTRICT OFFICE NO. 3 137 E. 21st Street CHANUTE, KS 66720



PHONE: 620-902-6450 http://kcc.ks.gov/

$Governor\ Jeff\ Colyer,\ M.D.$ Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Pat Apple, Commissioner

March 13, 2018

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

Re: Temporary Abandonment API 15-205-26103-00-00 JANTZ, M. A-3 NW/4 Sec.27-28S-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 03/13/2019.
- * 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 03/13/2019.

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

Very truly yours,

Alan Dunning"