

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form must be Typed

Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 33539

Name: Cherokee Wells LLC

Address 1: PO BOX 296

Address 2: _____

City: FREDONIA State: KS Zip: 66736 + _____

Contact Person: TRACY MILLER

Phone: (620) 378-3650

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-205-26067-00-00

Spot Description: S2 N2 SE NW Sec. 1 Twp. 30 S. R. 13 ☒ E ☐ W
1684 feet from ☒ N / ☐ S Line of Section
1980 feet from ☐ E / ☒ W Line of Section

GPS Location: Lat: _____, Long: _____
 Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
 County: Wilson Elevation: _____ ☐ GL ☐ KB
 Lease Name: DORSEY Well #: A-1

Well Type: (check one) ☐ Oil ☐ Gas ☐ OG ☐ WSW ☒ Other: CM
☐ SWD Permit #: _____ ☐ ENHR Permit #: _____
☐ Gas Storage Permit #: _____
 Spud Date: 10/04/2005 Date Shut-In: 10/08/2015

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	N/A	8.625	4.5	N/A	N/A	N/A
Setting Depth		40	1493			
Amount of Cement		8	160			
Top of Cement		0	0			
Bottom of Cement		40	1493			

Casing Fluid Level from Surface: 0 How Determined? Weighted Line Measurement Date: 5/9/2018

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
 (top) (bottom) (top) (bottom)

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

Depth and Type: ☐ Junk in Hole at _____ (depth) ☐ Tools in Hole at _____ (depth) Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____

Type Completion: ☐ ALT. I ☒ ALT. II Depth of: ☐ DV Tool: _____ w / _____ sacks of cement ☐ Port Collar: _____ w / _____ sack of cement
 (depth) (depth)

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: 1551 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name Formation Top Formation Base Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 0 to 0 Feet or Open Hole Interval _____ to _____ Feet

2. _____ At: _____ to _____ Feet Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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: <u>Alan Dunning</u> Comments: _____				
TA Approved: ☒ Yes ☐ Denied Date: <u>05/18/2018</u>					

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
	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 | DWIGHT D. KEEN, COMMISSIONER

May 18, 2018

TRACY MILLER
Cherokee Wells LLC
PO BOX 296
FREDONIA, KS 66736

Re: Temporary Abandonment
API 15-205-26067-00-00
DORSEY A-1
NW/4 Sec.01-30S-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 05/18/2019.

- * 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 05/18/2019.

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

Very truly yours,

Alan Dunning"