## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                                      |                                    |                      |               | API No. 15                   |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
|---|------------------------------------|----------------------|---------------|------------------------------|--------------|--------------------|------------------|----------|--------|-----------------------|--|--|--|--------------|----------------|----------------|-------------|--------|-----|
|   |                                    |                      |               |                              |              |                    |                  |          |        | Address 1:            |  |  |  |              | Se             | ec Twp         | S. R.       |        | E V |
| Address 2:  |                                    |                      |               |                              |              | fe                 |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| City:   State:  Zip:  +     Contact Person:    Phone:() |                                    |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
|   |                                    |                      |               |                              |              |                    |                  |          |        | Contact Person Email: |  |  |  | Lease Nam    | e:             |                | Well #      | :      |     |
|   |                                    |                      |               |                              |              |                    |                  |          |        | Field Contact Person: |  |  |  | Well Type: ( | check one) 🗌 ( | Dil 🗌 Gas 🗌 OC | G 🗌 wsw 🗌 d | Other: |     |
| Field Contact Person Phon                               | e:()                               |                      |               | SWD Permit #: ENHR Permit #: |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
|   | ··()                               |                      |               |                              |              | Da                 |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
|   |                                    |                      |               | Spud Date:                   |              | Da                 | ite Shut-In:     |          |        |                       |  |  |  |              |                |                |             |        |     |
|   | Conductor                          | Surface              | Pro           | oduction                     | Intermedia   | ate                | Liner            | -        | Tubing |                       |  |  |  |              |                |                |             |        |     |
| Size  |                                    |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Setting Depth   |                                    |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Amount of Cement  |                                    |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Top of Cement   |                                    |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Bottom of Cement  |                                    |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Casing Fluid Level from Su                              | rface:                             | Hov                  | v Determined? |                              |              |                    | Dat              | te:      |        |                       |  |  |  |              |                |                |             |        |     |
| Casing Squeeze(s):                                      | to w                               | / sacks o            | of cement,    | to                           | (bottom) w / | sack               | s of cement. Dat | te:      |        |                       |  |  |  |              |                |                |             |        |     |
| Do you have a valid Oil & O                             | Gas Lease? 🗌 Yes                   | No                   |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Depth and Type: 🗌 Junk                                  | in Hole at                         | Tools in Hole at     | Ca            | sing Leaks:                  | Yes No       | Depth of casing    | leak(s):         |          |        |                       |  |  |  |              |                |                |             |        |     |
|   |                                    |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Type Completion: AL                                     |                                    |                      |               |                              |              |                    | depth)           | <b>`</b> |        |                       |  |  |  |              |                |                |             |        |     |
| Packer lyne   | Size: _                            |                      | Inch          | Set at:                      |              | _ Feet             |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
|   | Plug Back Depth: Plug Back Method: |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
|   | Plug B                             |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
|   | Plug B                             |                      |               |                              |              |                    |                  |          |        |                       |  |  |  |              |                |                |             |        |     |
| Total Depth:  |                                    | n Top Formation Base | e             |                              | Com          | pletion Informatio | on               |          |        |                       |  |  |  |              |                |                |             |        |     |
| Total Depth:  | Formatio                           | n Top Formation Base |               | ration Interval _            |              | pletion Informatic |                  | ti       | o Fee  |                       |  |  |  |              |                |                |             |        |     |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Norm Note inter now the an and Anth many made one water  | 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 |
| The second secon | 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 |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



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

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner Laura Kelly, Governor

February 08, 2019

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

Re: Temporary Abandonment API 15-205-26128-00-00 MAYESKE A-4 NW/4 Sec.04-29S-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 02/08/2020.

\* 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 02/08/2020.

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

Very truly yours,

Alan Dunning"