Kansas Corporation Commission Oil & Gas Conservation Division

Form CF-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| Name:   |                      |               |         |                 | API No. 15-       |                   |                       |               |             |                |        |  |
|---|----------------------|---------------|---------|-----------------|-------------------|-------------------|-----------------------|---------------|-------------|----------------|--------|--|
|   | Name:                |               |         |                 |                   | Spot Description: |                       |               |             |                |        |  |
| Address 1:  |                      |               |         |                 |                   | Se                | o                     | _ Twp         | S. R        | E              | w      |  |
| Address 2:  |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| City:   |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Contact Person:   |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Phone:( )   |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Contact Person Email:   |                      |               |         |                 | -                 | e:                |                       |               |             |                | _      |  |
| Field Contact Person:   |                      |               |         |                 | Well Type: (      | check one) 🗌 C    | il Gas                | og ws         | SW Othe     | er:            |        |  |
| Field Contact Person Phone:   |                      |               |         |                 | SWD Pe            | ermit #:          |                       | _ ENH         | R Permit #: |                |        |  |
| riola contact releast riolie.   | ()                   |               |         |                 |                   | rage Permit #:_   |                       |               | .ln·        |                |        |  |
|   |                      | 1             |         |                 | Opud Date.        |                   |                       | Date onat     |             |                |        |  |
|   | Conductor            | Surface       | e       | Pro             | duction           | Intermedia        | te                    | Liner         |             | Tubing         |        |  |
| Size  |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Setting Depth   |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Amount of Cement  |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Top of Cement   |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Bottom of Cement  |                      |               |         |                 |                   |                   |                       |               |             |                |        |  |
| Depth and Type:  Junk in Type Completion:  ALT. I Packer Type: Total Depth: | ALT. II Depth o      | of: DV Tool:  | (depth) | w / _<br>Inch : | sacks<br>Set at:  | s of cement       | Port Collar<br>- Feet | :(depth)      |             |                | cement |  |
| Formation Name  | Formation            | Top Formation | Base    |                 |                   | Comp              | letion Info           | rmation       |             |                |        |  |
| 1   | At:                  | to            | Feet    | Perfor          | ation Interval _  | to                | Feet o                | r Open Hole I | Interval    | to             | Feet   |  |
| 2   | At:                  | to            | Feet    | Perfor          | ration Interval _ | to                | Feet o                | r Open Hole I | Interval    | to             | Feet   |  |
| IINDED BENALTV OF BED   | ILIDV I LIEDEDV ATTE |               |         |                 | ctronically       |                   | ID COBBI              | ECTTOTUE E    | DEST OF M   | V KNOMI E      | DCE.   |  |
|   |                      |               |         | ılter           |                   | Data Dhunna       | d: Da                 | te Repaired:  | Date Put    | Back in Sorvi  | ce:    |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                                | Date Tested:         |               | Resi    |                 |                   | Date Plugge       | u. — —                |               |             | Dack III Selvi |        |  |
|   |                      | _             |         |                 | ents:             | Date Plugge       |                       | ·             |             | Dack III Gelvi |        |  |

#### Mail to the Appropriate KCC Conservation Office:

| there have been now take the new factor parties would work the parties.  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100 100 100 100 100 100 100 100 100 100  | 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 |
| Size State S | 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://kec.ks.gov/

### GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

April 26, 2018

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

Re: Temporary Abandonment API 15-205-27446-00-00 BALLARD A-1 NW/4 Sec.16-28S-14E Wilson County, Kansas

#### Dear TRACY MILLER:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

## Shut-in Over 10 years

Pursuant to K.A.R. 82-3-111, the well must be plugged or returned to service by May 24, 2018.

If you wish to instead file an application for an exception to the 10-year limitation of K.A.R. 82-3-111, demonstrating why it is necessary to TA the well for more than 10 years, then you must file the application for an exception by May 24, 2018.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Alan Dunning KCC DISTRICT 3