KOLAR Document ID: 1405579

Kansas Corporation Commission Oil & Gas Conservation Division

July 2017
Form must be Typed
Form must be signed
All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                            |                                 |                                  |            |               | API No. 15-   |                 |                       |              |                           |            |         |  |
|---|---------------------------------|----------------------------------|------------|---------------|---|-----------------|-----------------------|--------------|---------------------------|------------|---------|--|
| Name:   |                                 |                                  |            |               | Spot Descri   | ption:          |                       |              |                           |            |         |  |
| Address 1:                                    |                                 |                                  |            |               |   | Sec             |                       |              |                           |            | W       |  |
| Address 2:                                    |                                 |                                  |            |               | feet from N / S Line of Section   |                 |                       |              |                           |            |         |  |
|   |                                 | feet from DE / W Line of Section |            |               |   |                 |                       |              |                           |            |         |  |
| City:       +         Contact Person:         |                                 |                                  |            |               | GPS Location: Lat:, Long:, (e.g. xx.xxxxxx)                                       |                 |                       |              |                           |            |         |  |
| Phone:( )                                     |                                 | Datum:                           |            |               |   |                 |                       |              |                           |            |         |  |
| Contact Person Email:                         | Lease Name: Well #:             |                                  |            |               |   |                 |                       |              |                           |            |         |  |
|   |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |
| Field Contact Person:                         |                                 |                                  |            |               | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  ENHR Permit #:  ENHR Permit #: |                 |                       |              |                           |            |         |  |
| Field Contact Person Phone                    | ::()                            |                                  |            |               |   | rage Permit #:_ |                       |              |                           |            |         |  |
|   |                                 |                                  |            |               | Spud Date:  |                 |                       | _ Date Shut  | -ln:                      |            |         |  |
|   | Conductor                       | Surfa                            | ace        | Pro           | duction   | Intermedia      | te                    | Liner        |                           | Tubing     |         |  |
| Size  |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |
| Setting Depth                                 |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |
| Amount of Cement                              |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |
| Top of Cement                                 |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |
| Bottom of Cement                              |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |
| Do you have a valid Oil & Ga  Depth and Type: | n Hole at(depth) IALT. II Depth | Tools in Ho                      | ol:(depth) | w / _<br>Inch | sacks<br>Set at:  | s of cement     | Port Collar<br>- Feet |              |                           |            | cemen   |  |
| тогат Бертт                                   | Flug ba                         | ск Беріп                         | -          |               | Tug back wein   | ou              |                       | _            |                           |            |         |  |
| Geological Date:                              |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |
| Formation Name                                |                                 | Top Formati                      |            |               |   |                 | letion Info           |              |                           |            |         |  |
| 1   | At:                             | to                               | Feet       | Perfo         | ration Interval _   | to              | Feet o                | r Open Hole  | Interval                  | to         | Feet    |  |
| 2   | At:                             | to                               | Feet       | Perfo         | ration Interval _   | to              | Feet o                | r Open Hole  | Interval                  | to         | Feet    |  |
| INDED DENALTY OF BED                          | HIDVI LIEDEDV ATTE              |                                  |            |               | ctronically   |                 |                       | ECTTOTUE     | DECT OF M                 | V VNOMI ER | VCE     |  |
| Do NOT Write in This<br>Space - KCC USE ONLY  |                                 |                                  | Res        | Results:      |   | Date Plugge     | d: Da                 | te Repaired: | Date Put Back in Service: |            | :<br>:: |  |
| Review Completed by:                          |                                 |                                  |            | _ Comm        | ients:  |                 |                       |              |                           |            |         |  |
| TA Approved: Yes                              | Denied Date:                    |                                  |            |               |   |                 |                       |              |                           |            |         |  |
|   |                                 |                                  |            |               |   |                 |                       |              |                           |            |         |  |

### Mail to the Appropriate KCC Conservation Office:

| from their trees now make the new facts among many from their trees.  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|---|--|--------------------|
| No.   No. | 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 |
| See   | 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

May 16, 2018

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

Re: Temporary Abandonment API 15-205-27524-00-00 NEUENSCHWANDER A-4 SE/4 Sec.03-28S-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 June 13, 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 June 13, 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