KOLAR Document ID: 1439938

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#                                                 |                     |                                             |            | API No. 15                                                         |                                                       |                     |                         |  |
|--------------------------------------------------------------------|---------------------|---------------------------------------------|------------|--------------------------------------------------------------------|-------------------------------------------------------|---------------------|-------------------------|--|
| OPERATOR: License#                                                 |                     |                                             |            | API No. 15-  Spot Description:                                     |                                                       |                     |                         |  |
| Address 1:                                                         |                     |                                             |            |                                                                    | •                                                     |                     | R DE                    |  |
|                                                                    |                     |                                             |            |                                                                    |                                                       |                     | I / S Line of Section   |  |
| Address 2:                                                         |                     |                                             |            | feet from E / W Line of Section                                    |                                                       |                     |                         |  |
| Contact Person:                                                    |                     |                                             |            | GPS Location: Lat:, Long:                                          |                                                       |                     |                         |  |
| Phone:( )                                                          |                     |                                             |            | Datum:         NAD27         NAD83         WGS84           County: |                                                       |                     |                         |  |
|                                                                    |                     |                                             |            |                                                                    | ie: Eie                                               |                     |                         |  |
|                                                                    |                     |                                             |            |                                                                    |                                                       |                     | Other:                  |  |
|                                                                    |                     |                                             |            | SWD Permit #: ENHR Permit #:                                       |                                                       |                     |                         |  |
|                                                                    |                     |                                             |            |                                                                    | orage Permit #:                                       |                     |                         |  |
|                                                                    |                     |                                             |            | Spud Date:                                                         |                                                       | Date Shut-In:       |                         |  |
|                                                                    | Conductor           | Surface                                     | Pro        | oduction                                                           | Intermediate                                          | Liner               | Tubing                  |  |
| Size                                                               |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Setting Depth                                                      |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Amount of Cement                                                   |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Top of Cement                                                      |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Bottom of Cement                                                   |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Casing Fluid Level from Sur                                        | rface:              | How De                                      | etermined? | ı                                                                  |                                                       | Г                   | Date:                   |  |
| Casing Fluid Level from Surface:       How Determined?       Date: |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
|                                                                    |                     | _                                           |            | (top)                                                              | (bottom)                                              |                     |                         |  |
| Do you have a valid Oil & G                                        | as Lease? Yes       | No                                          |            |                                                                    |                                                       |                     |                         |  |
| Depth and Type:                                                    | in Hole at          | Tools in Hole at                            | Ca         | sing Leaks:                                                        | Yes No Depth of                                       | casing leak(s):     |                         |  |
| Type Completion: ALT                                               |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Packer Type:                                                       |                     |                                             |            |                                                                    |                                                       | (depth)             |                         |  |
|                                                                    |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Total Depth:                                                       | Plug Bac            | к Deptn:                                    |            | Plug Back Metr                                                     | lod:                                                  |                     |                         |  |
| Geological Date:                                                   |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Formation Name Formation Top Formation Base Completion Information |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| 1                                                                  | At: to Feet Perfor  |                                             |            |                                                                    | ration Interval to Feet or Open Hole Interval to Feet |                     |                         |  |
| 2                                                                  | At: to Feet Perfora |                                             |            |                                                                    | ration Interval to Feet or Open Hole Interval to Feet |                     |                         |  |
| LINDED DENALTY OF DEE                                              |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| TIMINED BENKET VAL BEE                                             | THE THEBESO ATTE    |                                             |            |                                                                    |                                                       | BEATTA THE BEET     | AE MV PRIMINI ENGE      |  |
|                                                                    |                     | Submit                                      | ted Ele    | ctronicall                                                         | у                                                     |                     |                         |  |
|                                                                    |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Do NOT Write in This                                               | Date Tested:        | Б                                           | lesults:   |                                                                    | Date Plugged: I                                       | Date Repaired: Date | te Put Back in Service: |  |
| Space - KCC USE ONLY                                               |                     | ľ                                           | lesuits.   |                                                                    | Date Flugged.                                         | Date Repaired. Dat  | te Fut back in Service. |  |
| •                                                                  |                     |                                             |            |                                                                    |                                                       |                     |                         |  |
| Review Completed by:                                               |                     |                                             | Comn       | nents:                                                             |                                                       |                     |                         |  |
| TA Approved: Yes                                                   | Denied Date:        |                                             |            |                                                                    |                                                       |                     |                         |  |
|                                                                    |                     | Mail to the App                             | propriate  | KCC Conserv                                                        | vation Office:                                        |                     |                         |  |
| Object Sales Seen Sales Sales See See Seed Seeds Ma                | KCC Distri          | ct Office #1 - 210 E. Fro                   | ntview, Su | te A, Dodge City, KS 67801                                         |                                                       |                     | Phone 620.682.7933      |  |
|                                                                    | KCC Distri          | KCC District Office #2 - 3450 N. Rock Road, |            |                                                                    | Suite 601, Wichita. KS 67                             | Phone 316.337.7400  |                         |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

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



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

Laura Kelly, Governor

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

February 08, 2019

Tracy Miller Cherokee Wells LLC PO BOX 296 FREDONIA, KS 66736

Re: Temporary Abandonment API 15-205-26056-00-00 COMPTON A-2 NE/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"