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

## TEMPORARY ABANDONMENT WELL APPLICATION

Address 1:	OPERATOR: License#				API No. 15-						
State   Zip	Name:										
	Address 1:					Sec.	T\	vp S	i. R	[ E	:w
State   Zip:	Address 2:							=			
Contact Person:	City:	State:	GPS Location: Lat:								
Phone:(											
Lease Name:											
Well Type: (check one)   Oil   Gas   OG   WSW   Other:   SWD Permit #:   SND Date Shut-in:   SND Date Shut-i	,										
SWD Permit #:			Well Type: (check one)								
Gas Storage Permit #:									ermit #:		
Conductor   Surface   Production   Intermediate   Liner   Tubir	ricia comacti cisoni i none	()									
Size  Setting Depth  Amount of Cement  Top of Cement  Bottom of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cemen					Spud Date:		[	Date Shut-In: _			
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Amount of Cement  Top of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement, (top) to (bottom) w/ sacks of cement. Date: Do you have a valid Oil & Gas Lease? Yes No Depth and Type: Junk in Hole at (depth) Tools in Hole at (depth) W/ sacks of cement Port Collar: (depth) w/ sacks of cement Port Collar: (depth) w/ sacks of cement Port Collar: Feet  Total Depth: Plug Back Depth: Plug Back Method:  Geological Date:  Formation Name  Formation Top Formation Base  Completion Information  At: to Feet Perforation Interval to Feet or Open Hole Interval to Submitted Electronically  Do NOT Write in This  Date Plugged: Date Repaired: Date Put Back in See	Size										
Top of Cement  Bottom of Cement  Casing Fluid Level from Surface:	Setting Depth										
Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement, (top) to (bottom) w/ sacks of cement. Date: Do you have a valid Oil & Gas Lease? Yes No Depth and Type: Junk in Hole at (depth) Tools in Hole at (depth) Size: No Depth of casing leak(s): Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) w/ sacks of cement Port Collar: w/ sacks of cement Port Collar: w/ sacks of cement Port Collar: W/ sacks Type: Size: Inch Set at: Feet  Total Depth: Plug Back Depth: Plug Back Method: Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Submitted Electronically  Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in See	Amount of Cement										
Casing Fluid Level from Surface:	Top of Cement										
Casing Squeeze(s):	Bottom of Cement										
Submitted Electronically  Do NOT Write in This  Date Tested:  Results:  Date Plugged:  Date Repaired:  Date Put Back in Se	Depth and Type:	n Hole at	Tools in Hole at	w / Inch	sacks Set at:	of cement Po	rt Collar: Feet  tion Informa	(depth) W	v /	sack of	
Submitted Electronically  Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Se	2	At:	to Fee	t Perfo	ration Interval _	to	Feet or O	pen Hole Inter	rval	to	Feet
	Do NOT Write in This	Date Tested:	Submitt	ted Ele		<i>'</i>					
Review Completed by: Comments:	Review Completed by:			Comm	nents:						
TA Approved: Yes Denied Date:	TA Approved: Yes										

## Mail to the Appropriate KCC Conservation Office:

these been from the lot and been made one that the	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
100	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
Similar State Stat	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/

Laura Kelly, Governor

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

March 21, 2019

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

Re: Temporary Abandonment API 15-205-27644-00-00 Timmons A-14 SE/4 Sec.23-27S-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 03/21/2020.
- \* 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 03/21/2020.

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

Very truly yours,

Alan Dunning"