KOLAR Document ID: 1481963

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-  |   |                       |                        |                     |
|--|--|---------------|-----------------|------------|--|---|-----------------------|------------------------|---------------------|
| Name:  |  |               |                 |            | Spot Description:  |   |                       |                        |                     |
| Address 1:   |  |               |                 |            | Sec Twp S. R E W feet from N / S Line of Section                   |   |                       |                        |                     |
|  |  |               |                 |            |  |   |                       |                        | City: State: Zip: + |
| Contact Person:  |  |               |                 |            | GPS Location: Lat:, Long:  |   |                       |                        |                     |
| Phone:( )  |  |               |                 |            | Datum:         NAD27         NAD83         WGS84           County: |   |                       |                        |                     |
| (  |  |               |                 |            | Lease Name: Well #:  |   |                       |                        |                     |
| Contact Person Email:  |  |               |                 |            | Well Type: (check one)  Oil Gas OG WSW Other:                      |   |                       |                        |                     |
| Field Contact Person:  |  |               |                 |            | SWD Permit #: ENHR Permit #:                                       |   |                       |                        |                     |
| Field Contact Person Phone: ( )  |  |               |                 |            | Gas Storage Permit #:  |   |                       |                        |                     |
|  |  |               |                 |            | Spud Date:   |   | Date Shut-In:         |                        |                     |
|  | Conduc   | ctor          | Surface         | Pro        | oduction   | Intermediate  | Liner                 | Tubing                 |                     |
| Size   |  |               |                 |            |  |   |                       |                        |                     |
| Setting Depth  |  |               |                 |            |  |   |                       |                        |                     |
| Amount of Cement   |  |               |                 |            |  |   |                       |                        |                     |
| Top of Cement  |  |               |                 |            |  |   |                       |                        |                     |
| Bottom of Cement   |  |               |                 |            |  |   |                       |                        |                     |
| Casing Fluid Level from Su   | ırface.  |               | How De          | termined?  |  |   | D                     | )ate:                  |                     |
| Casing Fluid Level from Surface: How Determined?    Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. |  |               |                 |            |  |   |                       |                        |                     |
|  |  | ,             |                 |            | (тор)  | (bottom)  |                       |                        |                     |
| Do you have a valid Oil & C  |  |               |                 |            |  |   |                       |                        |                     |
| Depth and Type:  | in Hole at   | Too           | ols in Hole at  | Ca         | sing Leaks:  | Yes No Depth o                                      | f casing leak(s):     |                        |                     |
| Type Completion: ALT   | T. I ALT. II   | Depth of:     | DV Tool:        | w/_        | sack   | s of cement Port Co                                 | llar: w / .           | sack of cement         |                     |
| Packer Type:   |  |               |                 |            |  |   | (depth)               |                        |                     |
| Total Depth:   | ral Depth: Plug Back Depth: F  |               |                 |            |  | Plug Back Method:                                   |                       |                        |                     |
| Geological Date:   |  |               |                 |            |  |   |                       |                        |                     |
| Formation Name   | ı  | Formation Top | Formation Base  |            |  | Completion In                                       | nformation            |                        |                     |
| At: to Feet Perforation Interval to Feet or Open Hole Interval to  |  |               |                 |            |  |   |                       | l to Feet              |                     |
| ?  |  |               |                 |            |  | ration Interval toFeet or Open Hole Interval toFeet |                       |                        |                     |
|  |  | ,             |                 | 1 0110     | ration into var  |   | or open ridio interva |                        |                     |
| INDED DENALTY OF DE  | B IIIBV I UEBI   | DV ATTECT TI  | JATTUE INEODMA  | TION CO    | NITAINED LIEB  | EIN IS TOLIE AND COR                                | DECT TO THE DECT      | JE MV KNOWI EDGE       |                     |
|  |  |               | Submitte        | ed Ele     | ctronicall   | y   |                       |                        |                     |
|  |  |               |                 |            |  |   |                       |                        |                     |
| Do NOT Write in This   | Date   | Tested:       | P               | eculte.    |  | Date Plugged:                                       | Date Repaired: Date   | e Put Back in Service: |                     |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY   |  |               |                 |            | Date i lugged. Date Repaired. Date i di Dack in Gervice.           |   |                       |                        |                     |
| Daview Consulated how  |  |               |                 | 0          |  |   |                       |                        |                     |
| Review Completed by:  TA Approved: Yes   | Denied   | Date:         |                 | Comm       | nents:   |   |                       |                        |                     |
|  |  |               |                 | ·          | <del>_</del>   |   |                       |                        |                     |
|  | ,  |               | Mail to the App | ropriate l | KCC Conserv  | vation Office:                                      |                       |                        |                     |
| Depart Spire Seas Seas State Sea Sea Seas Season   | KCC District Office #1 - 210 E. Frontview, Suit  |               |                 |            | e 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    |                        |                     |

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 Susan K. Duffy, Commissioner

November 13, 2019

Tracy Miller Cherokee Wells LLC P.O. BOX 296 FREDONIA, KS 66736-0296

Re: Temporary Abandonment API 15-205-26123-00-00 BATES A-5 NE/4 Sec.03-29S-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 11/13/2020.

- \* 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 11/13/2020.

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

Very truly yours,

Dallas Logan"