TEMPORARY ABANDONM

	TEMPO	DRARY ABAN	DONN	IENT W	ELL APPLICA	TION AI	Il blanks must be complete									
OPERATOR: License# _				API No. 15-												
Name:				Spot Description: S. R												
									Contact Person:				GPS Location: Lat:, Long:, Long:			
									Phone:()				County: Elevation: GL KB			
									Contact Person Email:				Lease Name: Well #:			
Field Contact Person:				Well Type: (check one) Oil Gas OG WSW Other:												
Field Contact Person Phone: ()				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 S	urface:	How De	etermined?			Da	ite:									
-		sacks of co														

At: ______ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____ HINDED DENALTY OF DED HIDV I HEDEDY ATTECT THAT THE INCODMATION CONTAINED HEDEIN IS TOLIF AND CODDECT TO THE DEST OF MY KNOW! EDGE

Completion Information

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Results:	Date Plugged:	Date Repaired:	Date Put Back in Service:
Review Completed by:		Comments:			
TA Approved: Yes D	enied Date:				

Depth and Type: Unk in Hole at Udepth) Tools in Hole at Udepth) Tools in Hole at Udepth) Casing Leaks: Ves No Depth of casing leak(s): Use Completion: ALT. I ALT. II Depth of: DV Tool: W / Sacks of cement Port Collar: (depth) W / Sacks of cement Depth casing leak(s): Sacks of cement Depth of casing leak(s): Sacks of cement

__ Inch Set at: ___

Plug Back Method: ___

__ At: _____ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval _____ to ____ Feet

Mail to the Appropriate KCC Conservation Office:



Do you have a valid Oil & Gas Lease? Yes No

__ Size: ___

__ Plug Back Depth: ___

Formation Top Formation Base

Packer Type: ___

Total Depth: ___

Geological Date: **Formation Name**

KCC District Office #1 - 210 E. Frontview, Suite 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	Phone 620.902.6450
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

Susan K. Duffy, Chair Shari Feist Albrecht, Commissioner Dwight D. Keen, Commissioner

February 12, 2020

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

Re: Temporary Abandonment API 15-205-27406-00-00 THOMAS (u2) A-2 NW/4 Sec.19-27S-15E 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 02/12/2021.

- * 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 02/12/2021.

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

Very truly yours,

Dallas Logan"