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

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#   |   |                     |                     | API No. 15-                     |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
|--|---|---------------------|---------------------|---------------------------------|--|--|----------------------|--|---------------------------------|-----------|---------|-----|---------|------------------------------|-------------------|--------|--|--|
|  |   |                     |                     | Spot Description:               |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Address 1:   |   |                     |                     |                                 | •  | Twp S. R.                                |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Address 2:   |   |                     |                     |                                 |  | feet from N /                            |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
|  |   |                     |                     | feet from E / W Line of Section |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| City:  |   |                     |                     | GPS Location: Lat:              |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
|  |   |                     |                     |                                 |  |  |                      |  | Field Contact Person Phone: ( ) |           |         |     |         | SWD Permit #: ENHR Permit #: |                   |        |  |  |
|  |   |                     |                     |                                 |  |  |                      |  |                                 | ,         |         |     | _       | orage Permit #:              | <br>Date Shut-In: |        |  |  |
|  |   |                     |                     |                                 |  |  |                      |  |                                 | Conductor | Surface | Pro | duction | Intermediate                 | Liner             | Tubing |  |  |
| Size   |   |                     |                     |                                 |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Setting Depth  |   |                     |                     |                                 |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Amount of Cement   |   |                     |                     |                                 |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Top of Cement  |   |                     |                     |                                 |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Bottom of Cement   |   |                     |                     |                                 |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Ga  Depth and Type: | as Lease? Yes   n Hole at (depth)  I ALT. II Depth  Size: Plug Ba | No Tools in Hole at | Ca<br>w / _<br>Inch | sing Leaks: sacks Set at:       | Yes No Depth of Soft Completion  To Feet | of casing leak(s): w /<br>ollar: w /<br> | sack of cemer        |  |                                 |           |         |     |         |                              |                   |        |  |  |
| HINDED BENALTY OF BED  | IIIDV I UEDEDV ATTE   |                     |                     | ctronically                     |  | DDEATTA THE DEAT AR                      | · MV I/NOM/I EDGE    |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                             | Date Tested:  | R                   | Results:            |                                 | Date Plugged:                            | Date Repaired: Date R                    | Put Back in Service: |  |                                 |           |         |     |         |                              |                   |        |  |  |
| Review Completed by:   |   |                     | Comm                | nents:                          |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
| TA Approved: Yes   | Denied Date:  |                     |                     |                                 |  |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |
|  |   | Mail to the App     | propriate l         | KCC Conserv                     | vation Office:                           |  |                      |  |                                 |           |         |     |         |                              |                   |        |  |  |

| Name have been now toke tok and from homes mad man for home  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 1000 1000 1000 1000 1000 1000 1000 100   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The control of the co | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Sime Street Service 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

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

March 11, 2020

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

Re: Temporary Abandonment API 15-205-24110-00-00 CLAY BRAMAN 14 NW/4 Sec.06-27S-16E 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 03/11/2021.
- \* 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 03/11/2021.

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

Very truly yours,

Dallas Logan"