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

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.337.7400

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License# | | | | API No. 15- | | | | | | | | | | | | | | | |
|--|--|------------------------|------------------------------|---|--|--|--------------------------------------|--------------|----------------|---------------------------------|-----------|---------|-----|------------|---|-----|------------|--------|---|
| Name: | | | | Spot Description: | | | | | | | | | | | | | | | |
| Address 1: | | | | | Sec. | | | | E W | | | | | | | | | | |
| Address 2: | | | | | | fee | t from 🔲 N | I / S Line o | of Section | | | | | | | | | | |
| City: | | | | GPS Location: Lat: | | | | | | | | | | | | | | | |
| | | | | | | | | | | Phone:() Contact Person Email: | | | | | Datum: NAD27 NAD83 WGS84 County: Elevation: GL KB Lease Name: Well #: Well #: | | | | |
| Field Contact Person: | | | | Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Spud Date: | | Dat | e Shut-In: | | |
| | | | | | | | | | | | Conductor | Surface | Pro | oduction | Intermediate | | Liner | Tubing | J |
| Size | | | | | | | | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | | |
| Casing Squeeze(s): | Hole at Yes Hole at Gepth of: ALT. II Depth of: Size: Plug Back Formation To At: At: | Tools in Hole at(depth | Ca w / _ Inch Perfo | sing Leaks: sacks Set at: Plug Back Meth ration Interval _ | Yes No Dos of cement Pood: Complete to to to | epth of casing lead of the control o | eak(s): w / epth) w / n Hole Interva | sack o | of cement Feet | | | | | | | | | | |
| | | Submitt | ed Ele | ctronically | У | | | | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | | | | | Date Plugged: Date Repaired: Date Put Back in Service: | | | | | | | | | | | | | | |
| Review Completed by: | | | Comm | nents: | | | | | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: _ | | | | | | | | _ | | | | | | | | | | |
| | | Mail to the App | ropriate l | KCC Conserv | ation Office: | | | | | | | | | | | | | | |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | | | | | | | | Phone 620.68 | 2.7933 | | | | | | | | | | |

KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

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

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

April 15, 2020

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

Re: Temporary Abandonment API 15-205-26359-00-00 ONEAL A-12 NE/4 Sec.28-28S-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 04/15/2021.

- * 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 04/15/2021.

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

Very truly yours,

Dallas Logan"