TEMPORARY ABANDONMENT WELL APPLICATION

______ State: _____ Zip: _____ + __ _ _ _ _

Surface

Form must be Typed Form must be signed All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section ______ feet from E / W Line of Section GPS Location: Lat:_____ _____ , Long: _____ Datum: NAD27 NAD83 WGS84 _____ Elevation:____ ____ GL KB __ Well #: __ Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Gas Storage Permit #:____ ___ Date Shut-In: __ Spud Date: ___ Tubing Production Intermediate Liner ___ How Determined? _____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____ Type Completion:

ALT. I ALT. II Depth of:

DV Tool: _____ w / ____ sacks of cement Port Collar: _____ w / ____ sack of cement

	Feet	Perforation Inte	erval	_ to	_ Feet or	Open Hol	e Interval —	1	to	_Fee
TTUE INE/	DMATIO	N CONTAINED	LIEDEIN IC	TOLIE AN	D CORRE	OT TO THE	DECT OF	MV IVAI	OWI ED	^ E

Completion Information

Perforation Interval ______ to _____ Feet or Open Hole Interval _____ to _____ Feet

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 Der	nied Date:				

__ Inch Set at: ___

___ Plug Back Method: ___

Mail to the Appropriate KCC Conservation Office:



OPERATOR: License# _____

Contact Person Email: _____

Field Contact Person Phone: (_____) ____

Conductor

__ Size: ___

_____ At: _____ to

Plug Back Depth: ___

Formation Top Formation Base

___ At: _____ to ____ Feet

Address 1:

Address 2:

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___ Total Depth: ___

Geological Date: **Formation Name**

Casing Fluid Level from Surface: ____

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

INDED DENALTY OF DED HIDV I HEDERY ATTECT THE

Phone:(_____) __

Field Contact Person: ___

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 Dwight D. Keen, Commissioner Andrew J. French, Commissioner

August 02, 2023

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

Re: Temporary Abandonment API 15-205-28500-00-00 PAYNE, R. BGSF C2-8 SW/4 Sec.08-27S-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 08/02/2024.

- * 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 08/02/2024.

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

Very truly yours,

Levi Burnett ECRS"