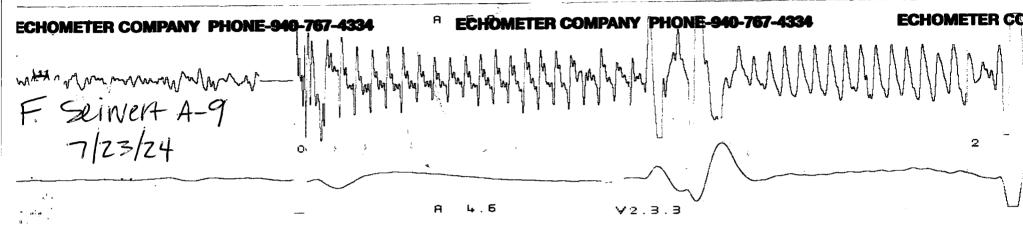
Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

API No. 15-													
Sec   Twp.   S. R.     E   W	OPERATOR: License#					API No. 15-							
State   Stat	Name:					Spot Descr	iption:						
	Address 1:								-				
State   Zip:	Address 2:												
Datum:   NAD27   NAD28   WGS84   Country:   Elevation:   GL   KB   Contact Person Email:	City:	State:	_ Zip:	+								Section	
Country: Elevation:   G.L. KB Contact Person Email:   Well #:   Lease Name:   Well #:   Well Type: (check one)   Oil   Gas   OG   WSW   Other:	Contact Person:					Datum:	NAD27 NA	g. xx.xxxxx) D83 W	, 2011g. GS84		(e.gxxx.xxxxx)		
Well Type: (check one)   Oil   Gas   OG   WSW   Other:	Phone:( )										GL	. 🗌 КВ	
SWD Permit #:	Contact Person Email:					Lease Nam	e:			_ Well #:			
Gas Storage Permit #:	Field Contact Person:						, —						
Spud Date: Date Shut-in:    Conductor	Field Contact Person Phone: (	·)								R Permit #	<u> </u>		
Size Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:  Casing Squeeze(s):  Vey  No  Depth of casing leak(s):  Casing Leaks:  Ves  No  Depth of casing leak(s):  No  Casing Leaks:  Ves  No  D	·	,								In:			
Setting Depth Amount of Cement Top of Cement Bottom of Ce		Conductor	Surfa	ice	Pro	duction	Intermedia	te	Liner		Tubing		
Amount of Cement  Top of Cement  Bottom of Cement  Bottom of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): Copy to Cotomy w/ Sacks of cement, Copy to Cotomy w/ Sacks of cement Date: Cotomy w/ Sacks of cement Depth of Casing leak(s): Copy to Cotomy w/ Sacks of cement Depth of Casing leak(s): Copy to Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Cotomy w/ Sacks of cement Depth of Casing leak(s): Casing le	Size												
Top of Cement  Bottom of Cemen	Setting Depth												
Bottom of Cement   Casing Fluid Level from Surface:	Amount of Cement												
Casing Fluid Level from Surface:	Top of Cement												
Casing Squeeze(s):	Bottom of Cement												
Geological Date:  Formation Name  Formation Top Formation Base  Completion Information  At:	Do you have a valid Oil & Gas  Depth and Type:   Junk in  Type Completion:  ALT. I	Lease? Yes [ Hole at  ALT. II Depth	No Tools in Hol of: DV Too	le at	Cas w / _	sing Leaks: sack	Yes No	Depth of ca	sing leak(s):				
Formation Name  Formation Top Formation Base  Completion Information  At:	Total Depth:	Plug Ba	ack Depth:			Plug Back Method:							
Formation Name  Formation Top Formation Base  Completion Information  At:	Geological Date:												
At:	-	Formation	Top Formation	on Base			Comr	oletion Infor	mation				
At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet or Open Hole Interval to Feet Submitted Electronically    Do NOT Write in This   Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY   Comments:		At·	•		Perfo	ation Interval				Interval	to	Feet	
Submitted Electronically  Do NOT Write in This space - KCC USE ONLY  Review Completed by:  Comments:	?	At:											
Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY  Review Completed by: Comments:		74.	0	1001	1 01101	allori intorvar			opon noio	intorvar —			
Space - KCC USE ONLY  Review Completed by: Comments:	IMPED DEMAITY OF DED II	IIDV I LIEDEDV ATT						ID COBBE	ATTA THE E	PECT OF	MAN NEICHNI E	DOE	
		Date Tested:		Results:			Date Plugge	ed: Date	e Repaired:	Date Pu	ut Back in Serv	ıck in Service:	
TA Approved: Yes Denied Date:	Review Completed by:				_ Comm	ents:							
	TA Approved: Yes	Denied Date:											

## Mail to the Appropriate KCC Conservation Office:

these had been not take the and from home and was been been	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
100 100 100 100 100 100 100 100 100 100	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
The contract of the contract o	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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

08/29/2024

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

Re: Temporary Abandonment API 15-205-26821-00-00 F SIEWERT A-9 SW/4 Sec.08-28S-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 08/29/2025.

- \* 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 08/29/2025.

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

Very truly yours,

Levi Burnett ECRS"