



# TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Contact Person Email: \_\_\_\_\_  
 Field Contact Person: \_\_\_\_\_  
 Field Contact Person Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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: \_\_\_\_\_  
 County: \_\_\_\_\_ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)  
 Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  GL  KB  
 Well Type: (check one)  Oil  Gas  OG  WSW  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  
 Gas Storage Permit #: \_\_\_\_\_  
 Spud Date: \_\_\_\_\_ Date Shut-In: \_\_\_\_\_

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level: \_\_\_\_\_ How Determined? \_\_\_\_\_ Date: \_\_\_\_\_  
 Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement, \_\_\_\_\_ to \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement. Date: \_\_\_\_\_  
 (top) (bottom) (top) (bottom)  
 Do you have a valid Oil & Gas Lease?  Yes  No  
 Depth and Type:  Junk in Hole at \_\_\_\_\_ (depth)  Tools in Hole at \_\_\_\_\_ (depth) 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  
 (depth) (depth)  
 Packer Type: \_\_\_\_\_ Size: \_\_\_\_\_ Inch Set at: \_\_\_\_\_ Feet  
 Total Depth: \_\_\_\_\_ Plug Back Depth: \_\_\_\_\_ Plug Back Method: \_\_\_\_\_

**Geological Data:**

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

Submitted Electronically

<b>Do NOT Write in This Space - KCC USE ONLY</b>	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____	Comments: _____	TA Approved: Yes <input type="checkbox"/> Denied <input type="checkbox"/>		

**Mail to the Appropriate KCC Conservation Office:**

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550
	Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226	Phone 316.734.4933

ECHOMETER COMPANY PHONE-940-767-4334

WELL *Abernothy Collins* ~~Collins~~ *4-10*  
 JOINTS TO LIQUID *48*  
 CASING PRESSURE *Q* DISTANCE TO LIQUID *15/2*  
 ΔP ..... PBHP .....  
 ΔT ..... SBHP .....  
 PRODUCTION RATE ..... PROD RATE EFF, % .....  
 MAX PRODUCTION .....

09/12/2011 14:23:41  
 QUIET WELL  
 UPPER COLLARS M: 4.8  
 P-P 0.031 mV  
 LIQUID LEVEL M: 5.1  
 P-P 0.048 mV

GENERATE PULSE  
 12.0 VOLTS

UC

ECHOMETER COMPANY PHONE-940-767-4334

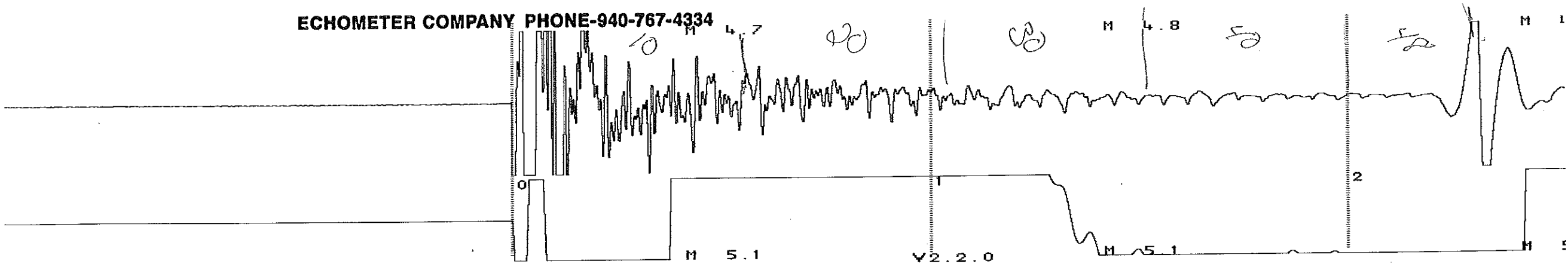
WELL *Abernothy Collins* ~~Collins~~ *4-10*  
 JOINTS TO LIQUID *48*  
 CASING PRESSURE *Q* DISTANCE TO LIQUID *15/2*  
 ΔP ..... PBHP .....  
 ΔT ..... SBHP .....  
 PRODUCTION RATE ..... PROD RATE EFF, % .....  
 MAX PRODUCTION .....

09/12/2011 14:25:12  
 QUIET WELL  
 UPPER COLLARS M: 4.7  
 P-P 0.033 mV  
 LIQUID LEVEL M: 5.1  
 P-P 0.063 mV

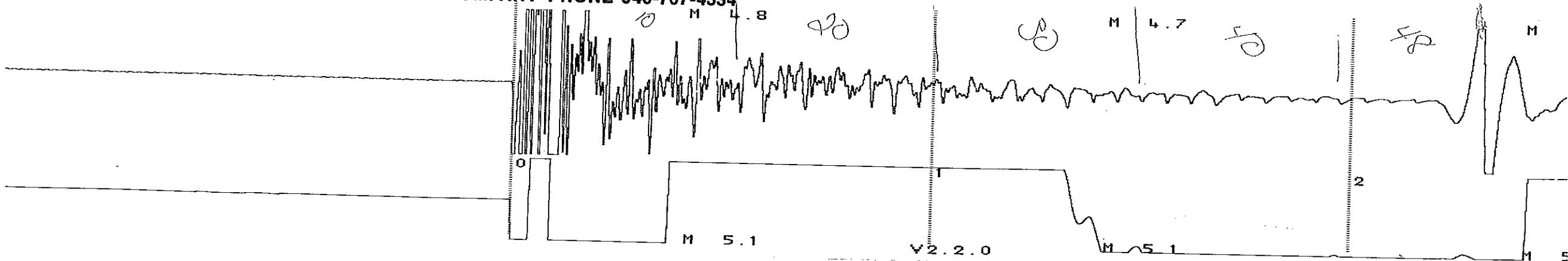
GENERATE PULSE  
 11.9 VOLTS

UC

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Conservation Division  
District Office No. 4  
2301 E. 13th Street  
Hays, KS 67601-2651



Phone: 785-625-0550  
Fax: 785-625-0564  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 28, 2011

Erin Carson  
Chesapeake Operating, Inc.  
6100 N Western Avenue  
PO BOX 18496  
OKLAHOMA CITY, OK 73154-0496

Re: Temporary Abandonment  
API 15-195-21123-00-00  
ABERNATHY-COLLINS 4  
NW/4 Sec.10-12S-21W  
Trego County, Kansas

Dear Erin Carson:

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 09/28/2012.

- \* 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 09/28/2012.

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

Very truly yours,

Richard Williams