



TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 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 from Surface: _____ 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 _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)

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

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

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 / UPGS - 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

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
316-624-4505

PRODUCER CHESAPEAKE OPERATING, INC. CSG WT SET @ TD PB GL
WELL NAME DREESE 1-11 TBG WT SET @ SN PKR KB
LOCATION NE/4 SW/4 11-21S-40W PERFS TO , TO , TO , TO
COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE	INITIAL	SPEICAL	ENDING	
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBL.	WATER BBL.	TEST:	ANNUAL	RETEST	DATE	
TUESDAY																		
12-6-11																		ASSUME AVERAGE JT. LENGTH = 31.50'
0930		0		PUMP OFF														CONDUCT LIQUID LEVEL DETERMINATION TEST
																		SHOT
																		JTS TO
																		DISTANCE
																		#
																		FLUID
																		TO FLUID
																		1
																		26.0
																		819'
																		2
																		26.0
																		819'

Tuesday

12-6-11

0930 CSg = 0 pump off

26.0 JTs @ 31.5' = 819'

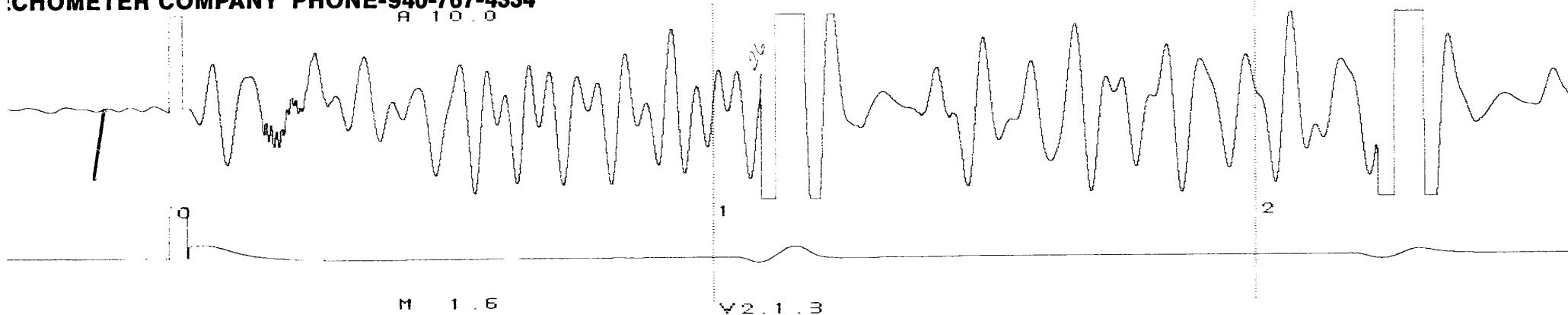
Chesapeake Operating, Inc.

Dreece 1-11

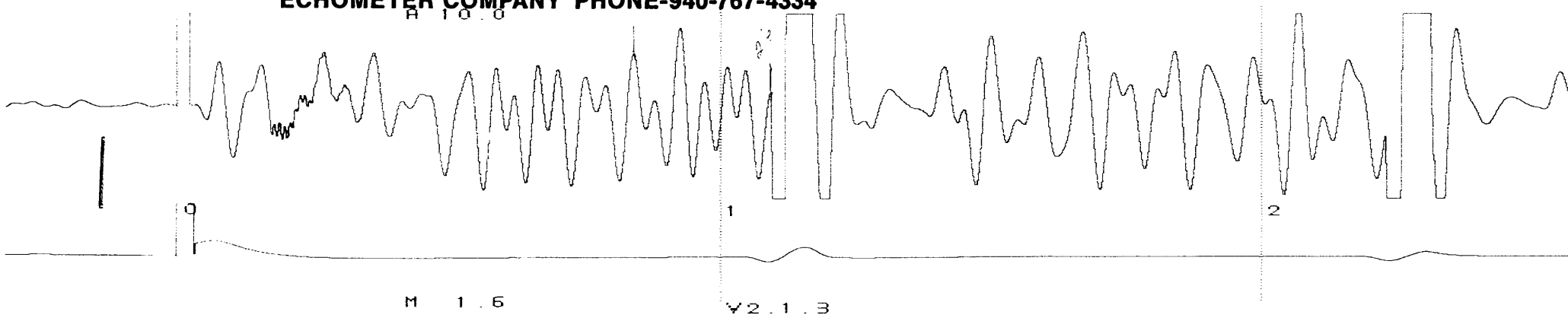
NE/4 SW/4 11-215-40W

Hamilton, KS

ECHOMETER COMPANY PHONE-940-767-4334



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Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



Phone: 620-225-8888
Fax: 620-225-8885
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

December 12, 2011

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

Re: Temporary Abandonment
API 15-075-20118-00-00
DREESE 1-11
SW/4 Sec.11-21S-40W
Hamilton County, Kansas

Dear Erin Carson:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

HGFLD - High fluid level

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by January 11, 2012.

Sincerely,

Steve Durrant