

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1154620

### WELL PLUGGING APPLICATION

March 2010 This Form must be Typed Form must be Signed All blanks must be Filled Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

Form CP-1

	MUST be submitted	d with this form.			
OPERATOR: License #:		API No. 15			
Name:		If pre 1967, supp	oly original comp	letion date:	
Address 1:		Spot Description	:		
Address 2:			Sec Tv	vp S. R	East West
City: State:	Zip: +		Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Section
Phone: ( )		u u u		est Outside Section	Corner:
Filole. ( )				SE SW	
		,			
Check One: Oil Well Gas Well OG	D&A Ca	thodic Water Supply	/ Well	Other:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	_ Set at:	Cemen	ted with:		Sacks
Surface Casing Size:	_ Set at:	Cemen	ted with:		Sacks
Production Casing Size:	_ Set at:	Cemen	ted with:		Sacks
List (ALL) Perforations and Bridge Plug Sets:					
Elevation:       ( G.L. / K.B.)       T.D.:         Condition of Well:       Good       Poor       Junk in Hole         Proposed Method of Plugging (attach a separate page if addition)       Separate page if addition	Casing Leak at:			Stone Corral Formation	<u></u>
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Is ACO-1 filed?	Yes 🗌 No			
Plugging of this Well will be done in accordance with K.	S.A. 55-101 <u>et. seq</u> . and the	e Rules and Regulations of	of the State Cor	poration Commis	sion
Company Representative authorized to supervise plugging of	operations:				
Address:		City:	State:	Zip:	+
Phone: ( )					
Plugging Contractor License #:		Name:			
Address 1:					
City:			State:	Zip:	+
Phone: ()				. –	
Proposed Date of Plugging (if known):					
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu					

Submitted Electronically

Mail to: KCC	<ul> <li>Conservation Division,</li> </ul>	130 S. Market	- Room 2078, Wichita, Kansas	67202
--------------	--	---------------	------------------------------	-------

KANSAS CORPORATION COMMISSION		
OIL & GAS CONSERVATION DIVISION		

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

# **CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License #	Well Location:		
Name:			
Address 1:	County:		
Address 2:	Lease Name: Well #:		
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person:	the lease below:		
Phone: ( ) Fax: ( )			
Email Address:			
Surface Owner Information:			
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: State: Zip:+			

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

#### Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

## Submitted Electronically

I

I

1154620

Form	CP1 - Well Plugging Application
Operator	Chesapeake Operating, Inc.
Well Name	ROBBINS F 1-19
Doc ID	1154620

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
4866	4896	MISSISSIPPIAN	
4866	4926	MISSISSIPPIAN	
4900	4904	MISSISSIPPIAN	
4910	4913	MISSISSIPPIAN	
4917	4920	MISSISSIPPIAN	

Robbins F 1-19 P&A 7-1-2013

### Procedure

- 1. Notify KCC District 1 at least 5 days before plugging operations KCC District 1: (620) 225-8888
- 2. MIRU WOR, ND WH, NU BOP, TOOH with tubing.
- PU 4 ½" CIBP, TIH with plug and set at ±4800' (66' above top perf @ 4,866'). Dump 2 sx cement w/2% CaCl<sub>2</sub> on top of CIBP (Plug 1). TOOH w/tubing while circulating plugging mud.
- 4. RU to pull 4 ½" casing and weld on pull nipple. PU on casing, MIRU WLU and RIH w/tools and locate freepoint. RIH w/cutting tools and cut casing above freepoint (estimated ~4600', TOC estimated to be 4,630'). POOH with WL tools and TOOH with 4 ½" casing laying down.
- 5. TIH with tubing, pump the following plugs in casing/open hole displacing with plugging mud:

Plug 2: Shoe & FW Plug (528-328') Plug 4: Surface plug (34'-4')

70 sx. w/ 2% CaCl<sub>2</sub> 10 sx. w/ 2% CaCl<sub>2</sub>

6. Cut off casing 4ft. below ground level, weld on steel ID plate. RDMO WOR.



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

August 19, 2013

Dawn Richardson Chesapeake Operating, Inc. 6200 N WESTERN AVE PO BOX 18496 OKLAHOMA CITY, OK 73118-1046

Re: Plugging Application API 15-097-00242-00-00 ROBBINS F 1-19 SE/4 Sec.19-30S-16W Kiowa County, Kansas

Dear Dawn Richardson:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after February 15, 2014. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely, Production Department Supervisor

cc: District 1

(620) 225-8888