



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

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER MODEL M V2.3.3
SERIAL NO: 6140
ECHOMETER COMPANY
5001 DITTO LANE
WICHITA FALLS, TEXAS 76302
PHONE 940 - 767 - 4334
FAX 940 - 723 - 7507
E-MAIL INFO@ECHOMETER.COM

POWER ON
SELF TEST

PASS
REF 1.250 V

BATTERY
12.6 VOLTS

TURN
ON
CHART
DRIVE
TO
TEST
WELL

WELL Seedle - Branch 2-20
CASING PRESSURE SS
 ΔP
 ΔT
PRODUCTION RATE.....

JOINTS TO LIQ
DISTANCE TO L
PBHP
SBHP
PROD RATE EFF,
MAX PRODUCTION

1st

JOINTS TO LIQUID 80
 DISTANCE TO LIQUID ~~2520~~ 2520
 FBHP
 SBHP
 PROD RATE EFF, %
 MAX PRODUCTION

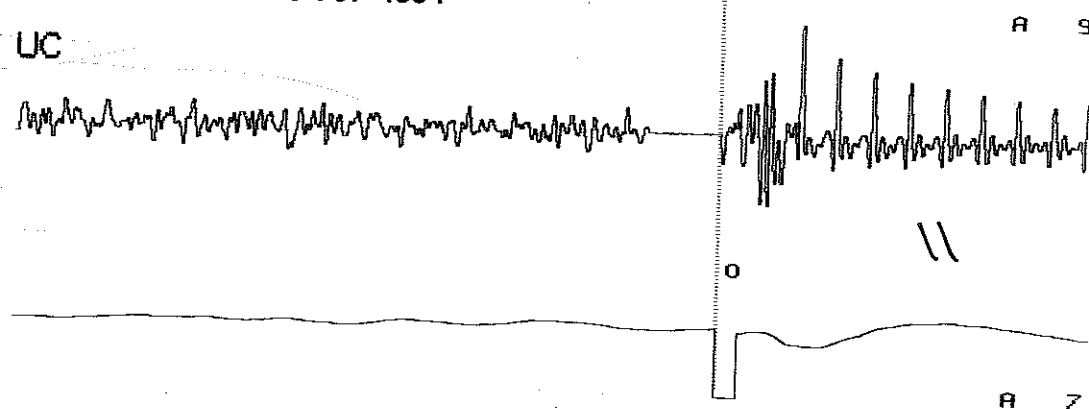
11/07/2013 13:25:11
 QUIET WELL
 UPPER COLLARS A: 9.4
 P-P 0.043 mV

 LIQUID LEVEL A: 7.2
 P-P 0.043 mV

ECHOMETER COMPANY PHONE-940-767-4334

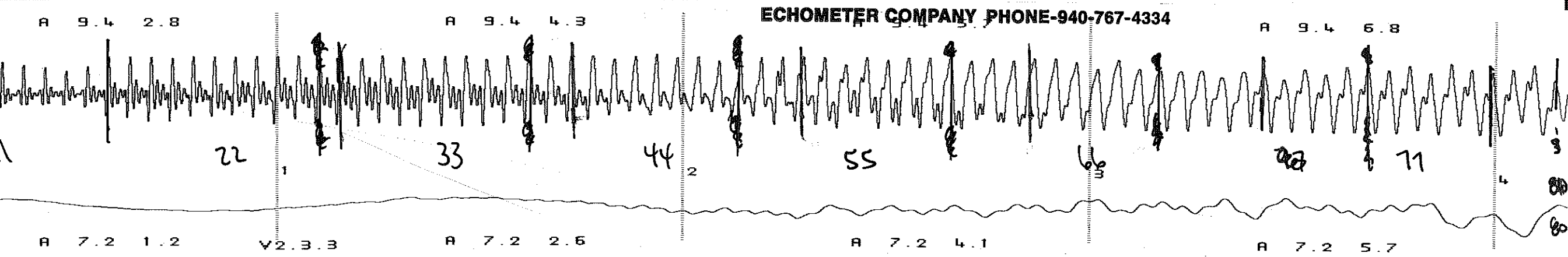
UC
 GENERATE PULSE

 12.4 VOLTS



A 9
A 7

ECHOMETER COMPANY PHONE-940-767-4334



A 9.4 2.8

A 9.4 4.3

A 9.4 6.8

A 7.2 1.2

V 2.3.3

A 7.2 2.6

A 7.2 4.1

A 7.2 5.7

22

33

44

55

66

77

71

1

2

3

4

3

22

33

44

55

66

77

71

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 06, 2014

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

Re: Temporary Abandonment
API 15-055-21710-00-00
SEEDLE BRANCH 2-20
SW/4 Sec.20-23S-31W
Finney County, Kansas

Dear Sarah Rodriguez:

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

Lack of Lease

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by March 08, 2014.

Sincerely,

Eric MacLaren