



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

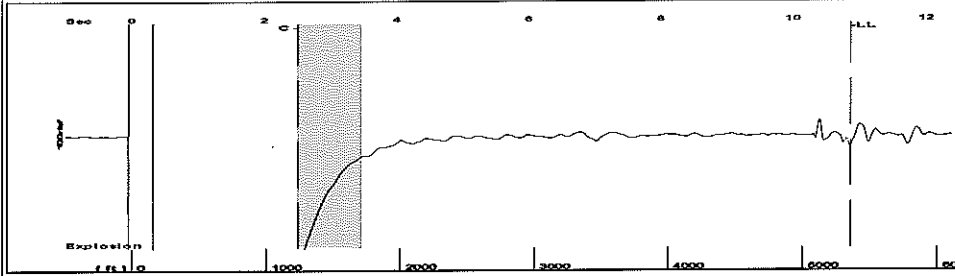
Submitted Electronically

| | | | | | |
|---|--|----------------|---------------------|----------------------|---------------------------------|
| 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:

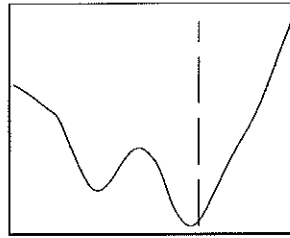
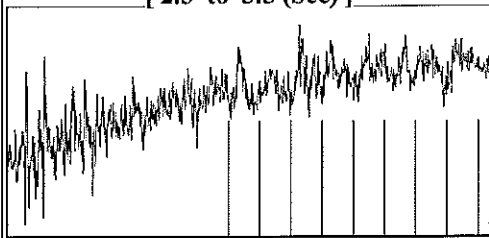
| | | |
|--|---|--------------------|
| | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.225.8888 |
| | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720 | Phone 620.432.2300 |
| | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.625.0550 |

Group: MyWells Well: MLP Elmo 1-11 (acquired on: 11/08/13 13:41:30)



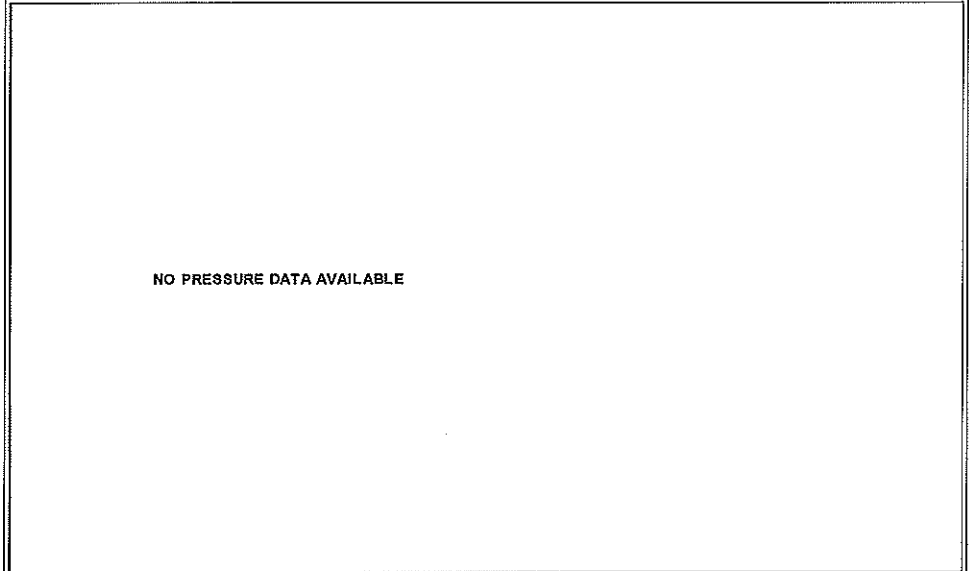
Filter Type High Pass Automatic Collar Count Yes Time 10.869 sec
 Manual Acoustic Velo 978.395 ft/s Manual JTS/sec 15.4321 Joints 169.099 Jts
 Depth 5360.45 ft

[2.5 to 3.5 (Sec)]



Analysis Method: Automatic

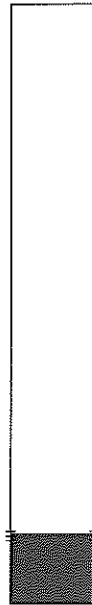
Group: MyWells Well: MLP Elmo 1-11 (acquired on: 11/08/13 13:41:30)



Change in Pressure 597.39 psi NONE
 Range 0 - ? psi
 Change in Time 0.25 min

Group: MyWells Well: MLP Elmo 1-11 (acquired on: 11/08/13 13:41:30)

| | | |
|-----------------------|--------------|-------------------------------|
| Production Current | Potential | Casing Pressure |
| Oil -*- BBL/D | -*- BBL/D | 4604.8 psi (g) |
| Water -*- BBL/D | -*- BBL/D | Casing Pressure Buildup |
| Gas -*- Mscf/D | -*- Mscf/D | 597.4 psi |
| | | 0.25 min |
| IPR Method | Vogel | Gas/Liquid Interface Pressure |
| PBHP/SBHP | -*- | -*- psi (g) |
| Production Efficiency | 0.0 | |
| Oil 40 deg.API | | Liquid Level Depth |
| Water 1.05 Sp.Gr.H2O | | 5360.45 ft |
| Gas 0.70 Sp.Gr.AIR | | Pump Intake Depth |
| | | 5480.00 ft |
| Acoustic Velocity | 986.373 ft/s | Formation Depth |
| | | 5390.00 ft |



Producing

Annular Gas Flow -*- Mscf/D

% Liquid 100 %

Pump Intake -*- psi (g)

Producing BHP -*- psi (g)

Static BHP -*- psi (g)

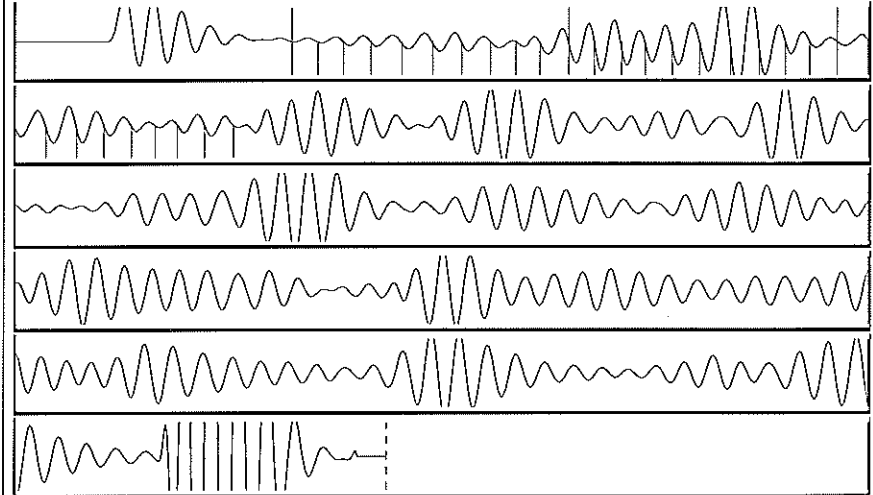
Formation Submergence

Total Gaseous Liquid Column HT (TVD) -*- ft

Equivalent Gas Free Liquid HT (TVD) -*- ft

Acoustic Test

Group: MyWells Well: MLP Elmo 1-11 (acquired on: 11/08/13 13:41:30)



| | | | |
|------------------------|-----------------|------------------------|-----------------|
| Acoustic Velocity | 986.373 ft/s | Joints counted | 29 |
| Joints Per Second | 15.5579 jts/sec | Joints to liquid level | 169.099 |
| Depth to liquid level | 5360.45 ft | Filter Width | 13.4321 17.4321 |
| Automatic Collar Count | Yes | Time to 1st Collar | 0.648 2.512 |

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 20, 2014

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

Re: Temporary Abandonment
API 15-033-21455-00-01
MERRILL TRUST 1-24
NE/4 Sec.24-34S-16W
Comanche 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 22, 2014.

Sincerely,

Eric MacLaren