



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: _____
(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
12.4 VOLTS

TURN
ON
CHART
DRIVE
TO
TEST
WELL

WELL Hicks 4-11
CASING PRESSURE 140#
 ΔP _____
 ΔT _____
PRODUCTION RATE SI

32.3 AJL

JOINTS TO LI
DISTANCE TO
PBHP
SBHP
PROD RATE EF
MAX PRODUCTI

3

AJL

ECHOMETER COMPANY PHONE-940-767-4334

JOINTS TO LIQUID 81
 DISTANCE TO LIQUID 2616
 PBHP
 SBHP
 PROD RATE EFF, %
 MAX PRODUCTION

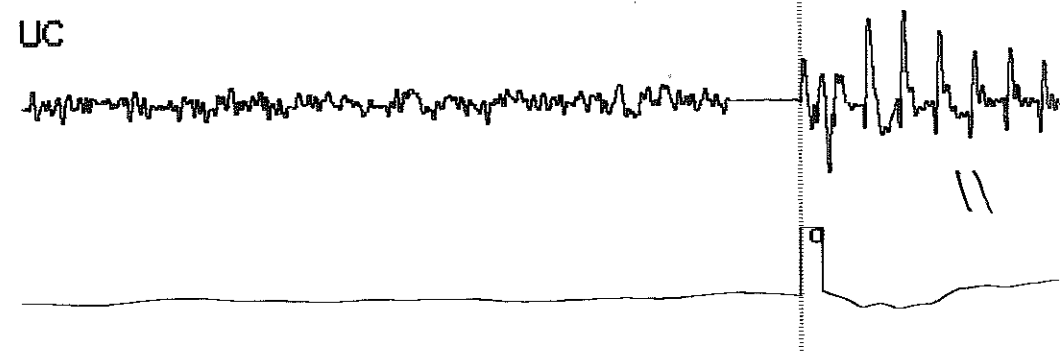
03/21/2014 11:59:35
 QUIET WELL
 UPPER COLLARS A: 9.0
 P-P 0.062 mV

GENERATE PULSE

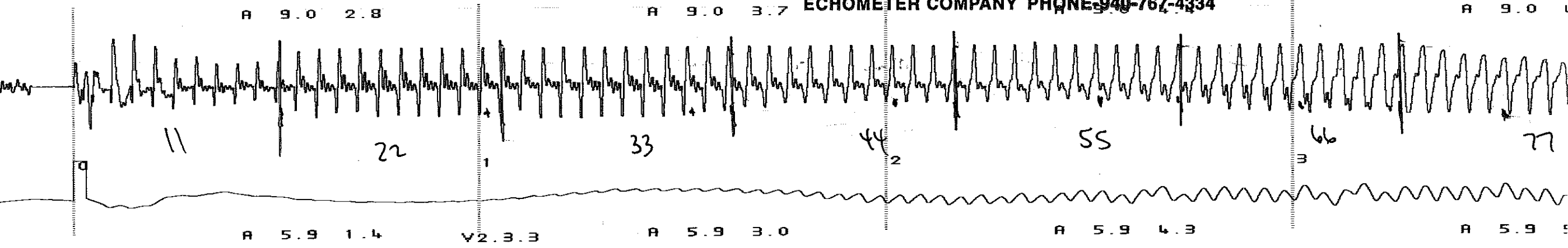
LC

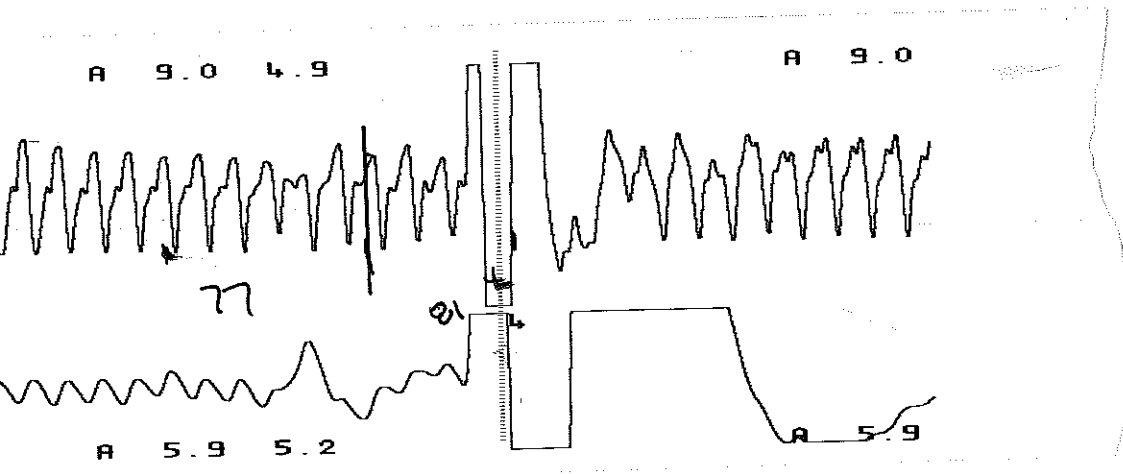
LIQUID LEVEL A: 5.9
 P-P 0.167 mV

12.3 VOLTS



ECHOMETER COMPANY PHONE 940-767-4334





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

April 03, 2014

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

Re: Temporary Abandonment
API 15-055-21708-00-00
HICKS 4-11
SE/4 Sec.11-25S-32W
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 May 03, 2014.

Sincerely,

Steve Pfeifer