



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

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-25,746

Disposal Enhanced Recovery:

NW NW SE Sec. 26, T 31 S, R 35 E

Repressuring
Flood
Tertiary

1980 (1975) Feet from South Section Line
1980 (2011) Feet from East Section Line

Date injection started _____
API #15 - 189 - 19005-00-00

Lease BARNES ESTATE Well # 2-26
County STEVENS

Operator: CHAPARRAL ENERGY
Name &
Address 701 CEDAR LAKE BLVD

Operator License # 33127
Contact Person SHANE HALL

OKLAHOMA CITY, OK 73114 Phone (405) 470-8770

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 100 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Size Conductor Surface Production Liner Tubing
Set at _____ 8.625" _____ _____ Size 2.875"
Cement Top _____ 1778' _____ _____ Set at 1145
" Bottom _____ 0 _____ _____ Type DOWLED
DV/Perf. _____ TD (and plug back) 6300 (1590) ft. depth
Packer type RAKER AD 1 Size 2.875" x 8.625 Set at 1145
Zone of injection CEDAR HILLS ft. to ft. 1762-1382 Perf. or open hole PERF

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

I
E Pressures: 310 310 310 Set up 1 System Pres. during test 0
L Set up 2 Annular Pres. during test 310
D Set up 3 Fluid loss during test 0 bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with A PACKER

Test Date 3/10/14 Using GLOBE ENERGY SERVICE Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1145 feet

was the zone tested X Shane Hall
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Kenny Sullivan Title Part II Witness: Yes No _____

REMARKS: 5-YEAR RETEST

Origin. Conservation Div.; K/DHE/T; Dist. Office;
 Computer Update

GPS entered

37.32020
-101.09290

COPY
3/24/14
SCANNED LLC

KCC Form U-7 6/84

NDV

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
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 13, 2014

Leigh Kuykendall
Chaparral Energy, L.L.C.
701 CEDAR LK BLVD
OKLAHOMA CITY, OK 73114-7806

Re: Temporary Abandonment
API 15-189-19005-00-00
BARNES EST 26-2
SE/4 Sec.26-31S-35W
Stevens County, Kansas

Dear Leigh Kuykendall:

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

Shut-in Over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by July 13, 2014.

You may file an application for an exception to the 10-year limitation in K.A.R. 82-3-111 to demonstrate why it is necessary to TA the above well for more than (10) years. You must notify the Commission in writing no later than July 13, 2014 of your intention to file the application, and your complete application is due August 12, 2014. All applications and written notifications must be sent to the attention of the Executive Director at the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

You may contact me at the number above if you have any questions.

Sincerely,

Steve Pfeifer