



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:  Yes  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 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  
12.3 VOLTS

TURN  
ON  
CHART  
DRIVE  
TO  
TEST  
WELL

2714  
- 2551.5  
-----  
162.5

ECHOMETER COMPANY PHONE-940-767-4334

WELL ..... *Great House 1-31* .....  
CASING PRESSURE..... *SS* .....  
ΔP .....  
ΔT .....  
PRODUCTION RATE.....

*15X*

JOINTS T  
DISTANCE  
PBHP  
SBHP  
PROD RAT  
MAX PROD

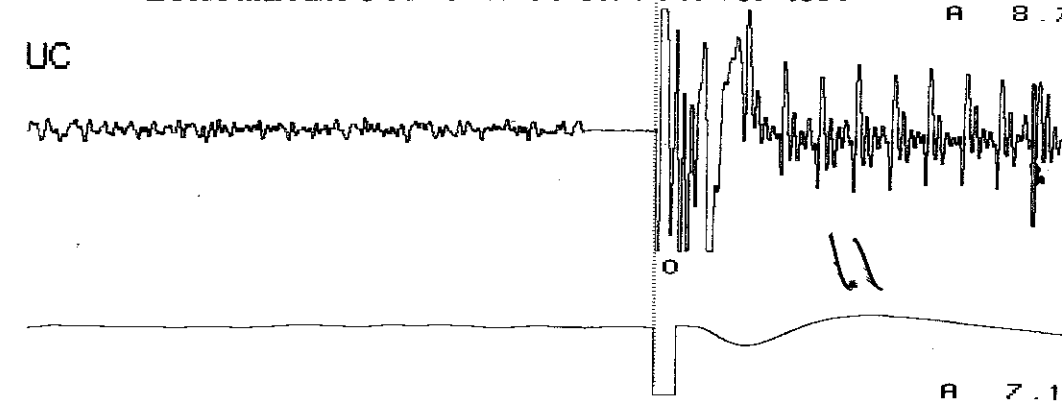
(S)

JOINTS TO LIQUID: 81  
 DISTANCE TO LIQUID: 2551.5  
 FBHP: \_\_\_\_\_  
 SBHP: \_\_\_\_\_  
 PROD RATE EFF, %: \_\_\_\_\_  
 MAX PRODUCTION: \_\_\_\_\_

05/30/2014 09:32:00  
 QUIET WELL  
 UPPER COLLARS A: 8.7  
 P-P 0.086 mV  
  
 LIQUID LEVEL A: 7.1  
 P-P 0.049 mV

GENERATE  
 PULSE  
  
 12.2  
 VOLTS

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-767-4334

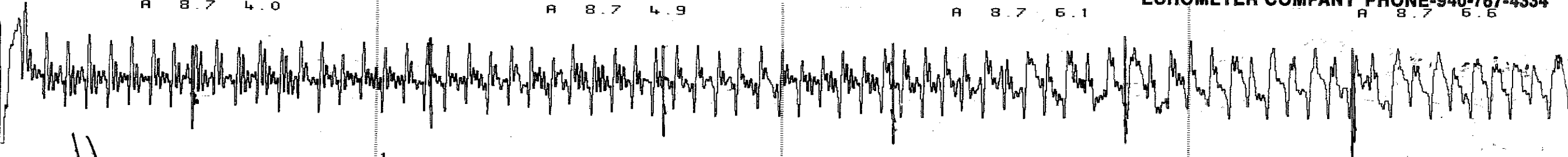
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A 8.7 4.0

A 8.7 4.9

A 8.7 6.1

A 8.7 6.6



11

22

33

2

44

55

3

66

77

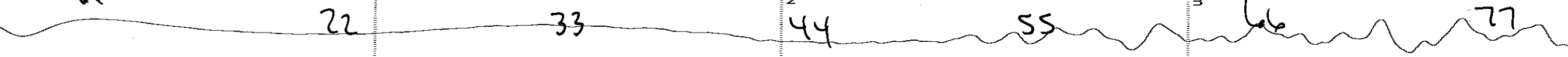
A 7.1 1.2

V 2.3.3

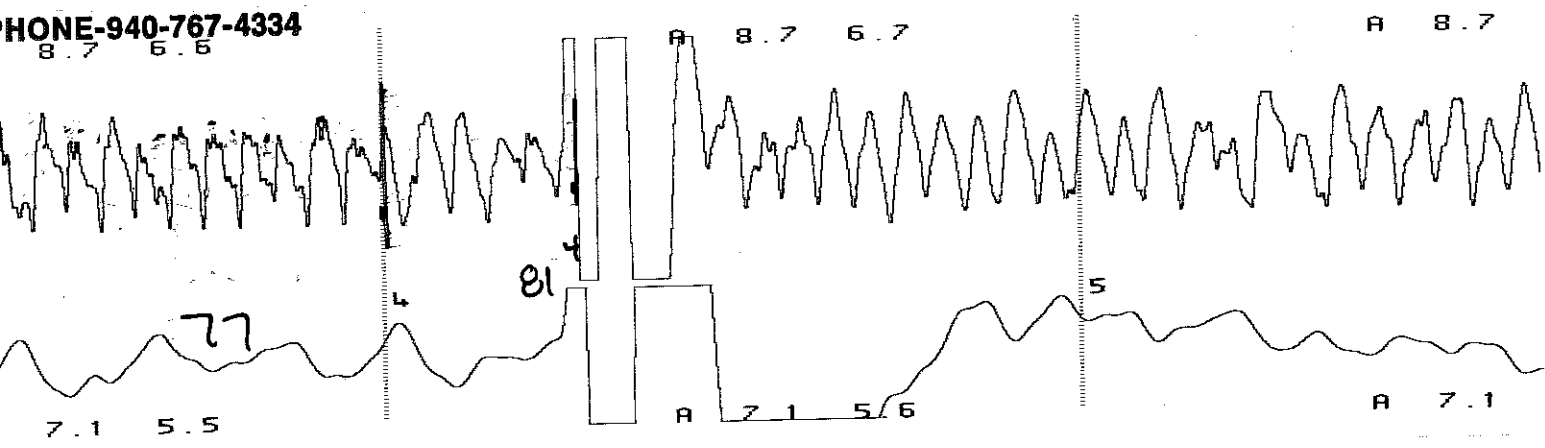
A 7.1 2.8

A 7.1 4.6

A 7.1 5.5



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  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

June 27, 2014

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

Re: Temporary Abandonment  
API 15-055-00048-00-00  
F M GREATHOUSE 1-31  
NE/4 Sec.31-21S-32W  
Finney County, Kansas

Dear Sarah Rodriguez:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 06/27/2015.

- \* If you return this well to service or plug it, please notify the District Office.
- \* If you sell this well you are required to file a Transfer of Operator form, T-1.
- \* If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 06/27/2015.

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

Very truly yours,

Steve Pfeifer"