



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 _____ (depth) Tools in Hole at _____ (depth) Casing Leaks: Yes No Depth of casing leak(s): _____
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

WASER B-1

6-15-2014

JTF 23 = (TOP of GUP)

WFR 743.

CSG - 100071



TOP PACKER ON ISOLATION PACKER

IR COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 76302

5808294473

23 J/5
703

IR COMPANY 6001 DITTO LANE, WICHITA FALLS, TEXAS 76302

23 J/5
703

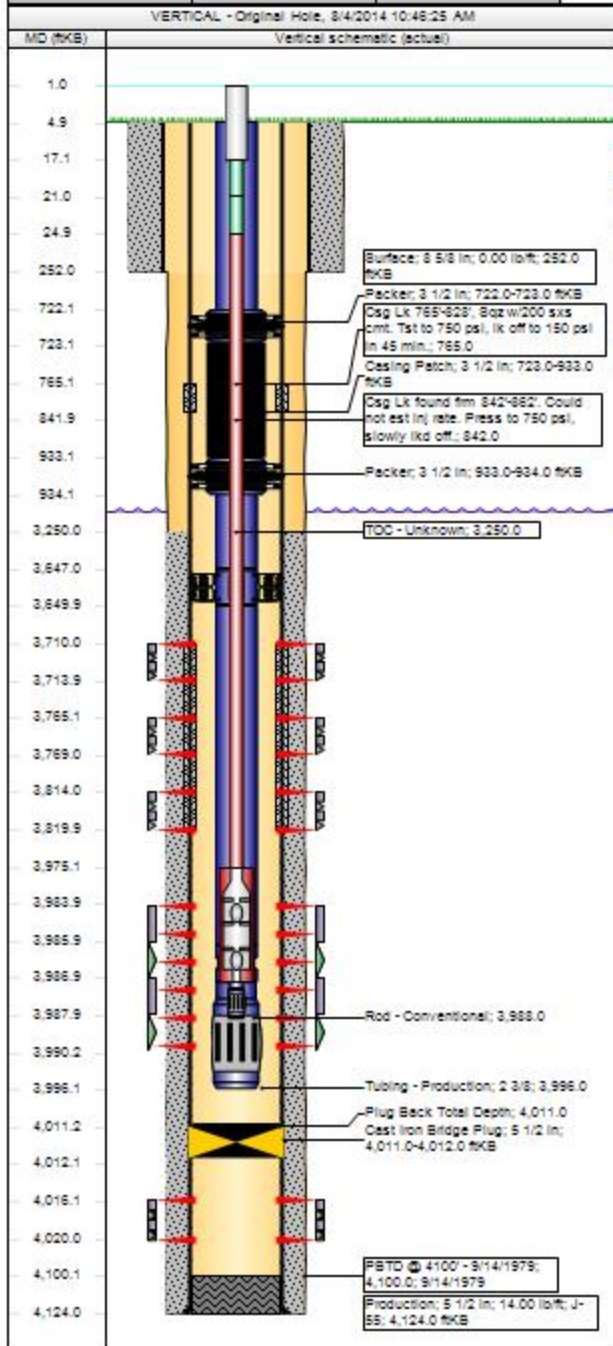
Property Number: 296381

Wellname: NAGEL B-1

Other in Hole



Role		Contact Name		Role		Contact Name		Role		Contact Name	
				Production Superintendent		Bud Neff		Production Foreman		Keith Shahan	
API Number	State	County	Well Config	Op Field Name	Ground Elevation (ft)	Original RKB (ft)	KB-Ground Distance (ft)	First Sales Gas	First Sales Oil	Orig Comp Dt	Sc Yes
1518510481	KANSAS	STAFFORD	VERTICAL	PRATT SOUTH	2,023.0	2,028.0	5.0	1/1/1974 12:00 AM			



Other in Hole: Current

Des	Run Date	Pull Date	Top (ftKB)	Btm (ftKB)	OD (in)	ID (in)	Make	Model	Com	Tub	Con	Pro
Packer	8/22/2008		722.0	723.0	3 1/2				GasVent Packer rubbers o...	F	N	N
Casing Patch	8/22/2008		723.0	933.0	3 1/2				3" Line Pipe	C	N	N
Packer	8/22/2008		933.0	934.0	3 1/2				GasVent Packer rubbers o...	F	N	N
Cast Iron Bridge Plug	3/6/1974		4,011.0	4,012.0	5 1/2					C	N	N

Other in Hole: Pulled

Des	Run Date	Pull Date	Top (ftKB)	Btm (ftKB)	OD (in)	ID (in)	Make	Model	Com	Well	Run	Pull	Con

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

August 07, 2014

Sarah Rodriguez
Chesapeake Operating, Inc.
6100 N WESTERN AVE
PO BOX 18496
OKLAHOMA CITY, OK 73118-1046

Re: Temporary Abandonment
API 15-185-10481-00-00
NAGEL B 1
SW/4 Sec.03-24S-15W
Stafford 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 08/07/2015.

- * 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 08/07/2015.

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

Very truly yours,

Michael Maier"