



**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**

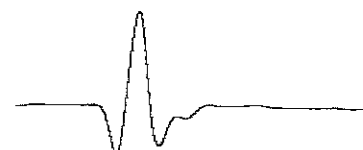
<b>Do NOT Write in This Space - KCC USE ONLY</b>	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

**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  
SERIAL NO: 2837  
ECHOMETER COMPANY  
5001 DITTO LANE  
WICHITA FALLS, TEXAS 76302  
PHONE 940 - 767 - 4334  
FAX 940 - 723 - 7507  
E-MAIL INFO@ECHOMETER.COM



SYSTEM TEST  
12.0 VOLTS



2nd

ECHOMETER

WELL ..... *Federal* ..... *1-32* .....  
CASING PRESSURE ..... *65* .....  
 $\Delta P$  .....  
 $\Delta T$  .....  
PRODUCTION RATE .....  
20:24:03 UTC 07/01/2014

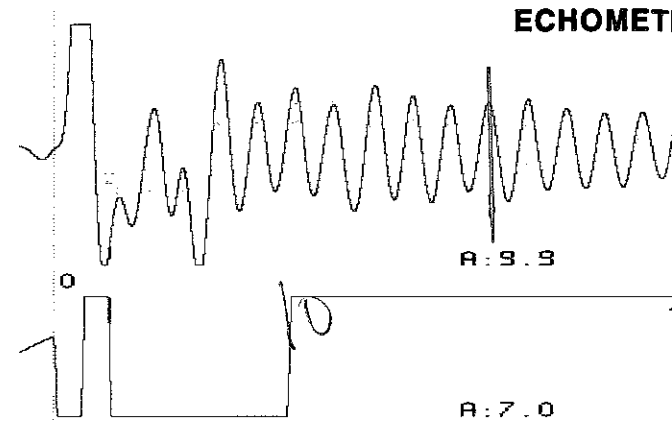
JOI  
DIS  
PBH  
SBH  
PRO  
MAX

ECHOMETER COMPANY PHONE-940-767-4334

..... JOINTS TO LIQUID..... 67  
..... DISTANCE TO LIQUID..... 2110.5  
..... PBHP .....  
..... SBHP .....  
..... PROD RATE EFF, % .....  
14 MAX PRODUCTION .....

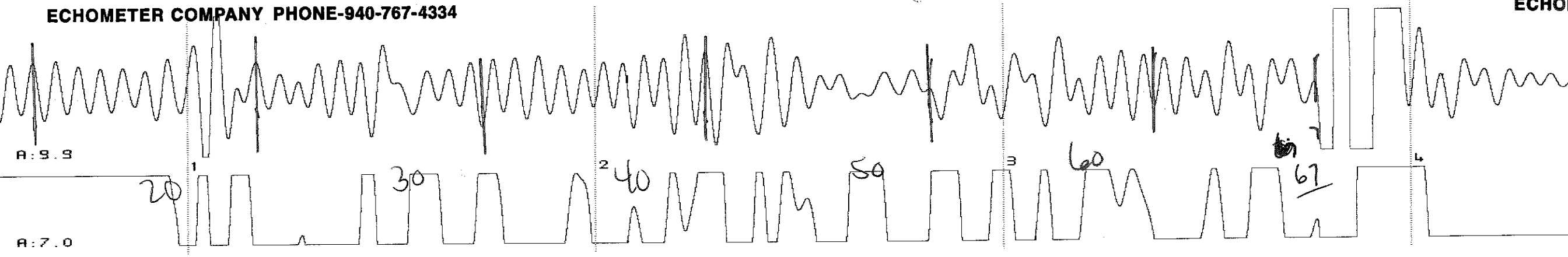
COLLAR P-P mV 0.063  
A: 10.0  
LOWER  
  
LIQUID P-P mV 0.398  
A: 7.0

GENERATE  
PULSE  
  
12.0  
VOLTS



ECHOMETER COMPANY PHONE-940-767-4334

ECHO



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.  
6200 N WESTERN AVE  
PO BOX 18496  
OKLAHOMA CITY, OK 73118-1046

Re: Temporary Abandonment  
API 15-075-20340-00-00  
FEDERAL 1-32  
NW/4 Sec.32-24S-40W  
Hamilton 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 September 06, 2014.

Sincerely,

Michael Maier