



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

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary
 Date injection started

API #15-191 - 22625-01-00

DOC# = D-30899
 SW SE SE. NE. Sec 3, T 34 S, R 4 E

2970 feet from South Section Line
 330 feet from East Section Line

Lease Del 3-34-4 well # #1 SWD
 County

Operator: Chesapeake Operating
 Name & Address 6200 N Western Ave.

Operator License # 32334
 Contact Person Kyle Baker #40895

OKlahoma City OK 73118 phone

Max. Auth. Injection Press. psi; Max. Inj. Rate bbl/dy
 If Dual Completion - Injection above production Injection below production
 Conductor Surfaces Production Liner
 Size 2 7/8 4 1/2 5 7/8
 Set at 124 500 500
 Cement Top 0
 Bottom 124
 DV/Perf. TD (and plug back)
 packer type Baker PFA Size 9 5/8 x 4700
 zone of injection 4960 it. to ft. 6071 Perf. or open hole Arb

Type Nit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 100 Min. 20 Min. 30 Min.
 I Pressures: 500 500 500 Set up 1 System Pres. during test 0
 L Set up 2 Annular Pres. during test 500
 D Set up 3 Fluid loss during test 0 bbls.

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Baker

Test Date 11-15-2011 Using Excel

Company's Equipment

The operator hereby certifies that the zone between 4700 feet and 0 feet

was the zone tested Signature Title

The results were Satisfactory Marginal Not Satisfactory

State Agent Title PIAF Witness: Yes No

REMARKS:

Origin, Conservation Div. KRE/AT: Dist. Office:

Computer Update

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-630-4000
Fax: 316-630-4005
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

October 21, 2014

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

Re: Temporary Abandonment
API 15-191-22625-00-00
Del 3-34-4 1 SWD
SE/4 Sec.03-34S-04W
Sumner 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 10/21/2015.

- * 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 10/21/2015.

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

Very truly yours,

Steve VanGieson"