Form CP-111 June 2011 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                             |  |                  |               | API No. 15-            | ·                  |                         |               |           |             |        |        |  |  |  |              |       |        |  |
|--|--|------------------|---------------|------------------------|--------------------|-------------------------|---------------|-----------|-------------|--------|--------|--|--|--|--------------|-------|--------|--|
| Name:  |  |                  |               | Spot Description:      |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
| Address 1:                                     |  |                  |               |                        | Sec                | Twp S.                  | R             | E W       |             |        |        |  |  |  |              |       |        |  |
| Address 2:                                     |  |                  |               |                        |                    | feet from [ ] I         |               |           |             |        |        |  |  |  |              |       |        |  |
| City:          State:          Contact Person: |  |                  |               |                        |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
|  |  |                  |               |                        |                    |                         |               |           | Lease Name: |        |        |  |  |  |              |       |        |  |
|  |  |                  |               |                        |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
|  |  |                  |               |                        | Conductor          | Surface                 | Dro           | oduction  |             |        |        |  |  |  | Intermediate | Liner | Tuhing |  |
|  |  |                  |               | Size                   | Conductor          | Surface                 | FIC           | Dauction  | memediate   | Lillei | Tubing |  |  |  |              |       |        |  |
|  |  |                  |               | Setting Depth          |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
| Amount of Cement                               |  |                  |               |                        |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
| Top of Cement                                  |  |                  |               |                        |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
| Bottom of Cement                               |  |                  |               |                        |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
| Do you have a valid Oil & C  Depth and Type:   | in Hole at [  (depth)  T. I ALT. II Depth of Size: | Tools in Hole at | w / _<br>Inch | Set at:                | s of cement Port ( | Collar: ww              |               | of cement |             |        |        |  |  |  |              |       |        |  |
| Formation Name                                 | Formation Top Formation Base                       |                  |               | Completion Information |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
| 1  | At:  | to Fee           | t Perfo       | ration Interval        | to Fe              | eet or Open Hole Interv | val to        | Feet      |             |        |        |  |  |  |              |       |        |  |
| 2  | At:  | to Feet          | t Perfo       | ration Interval        | to Fe              | eet or Open Hole Interv | val to        | Feet      |             |        |        |  |  |  |              |       |        |  |
| TIMBED DENALTY OF BEI                          | B IIIBV I UEBEBV ATTE                              |                  |               | ctronicall             |                    | OBBECT TO THE BEST      | OE MA KNOMI E | :DCE      |             |        |        |  |  |  |              |       |        |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   | Date Tested: Results:                              |                  |               | Date Plugged:          | Date Repaired: Da  | ate Put Back in Serv    | /ice:         |           |             |        |        |  |  |  |              |       |        |  |
| Review Completed by:                           |  |                  | Comn          | nents:                 |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
| TA Approved: Yes                               | Denied Date:                                       |                  |               |                        |                    |                         |               |           |             |        |        |  |  |  |              |       |        |  |
|  |  | Mail to the App  | propriate     | KCC Conserv            | vation Office:     |                         |               |           |             |        |        |  |  |  |              |       |        |  |

| Notes been from the total gas foots and made that the total  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| These than the same has been seen the same than the same t | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Similar Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

Nov 18 14 07:26p

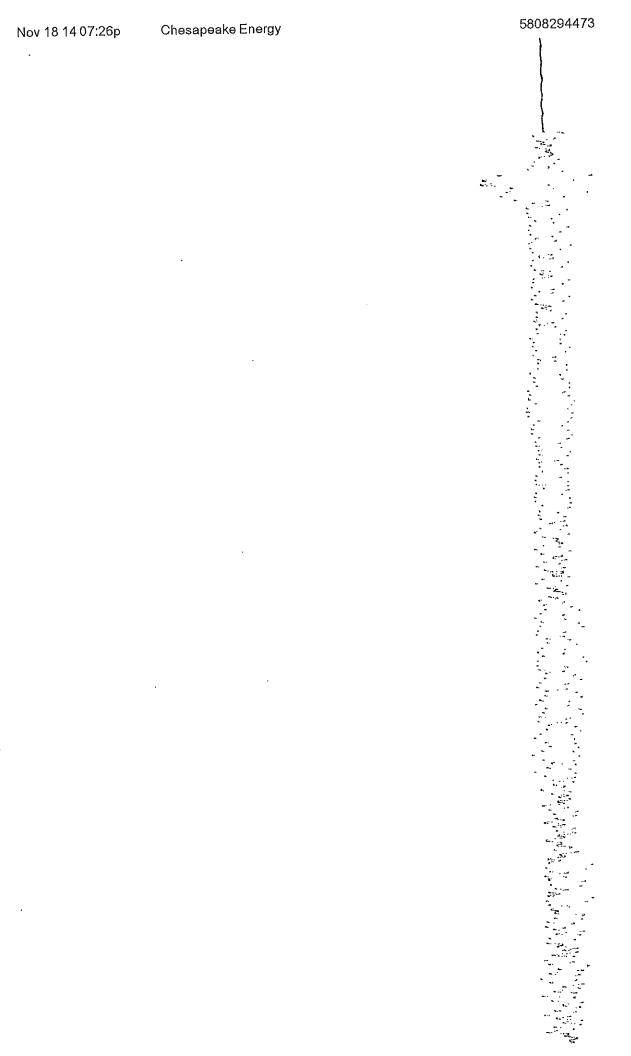
Chesapeake Energy

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Ferrin 3-15

Ferrin 3-65 COG-800 574-150 CSTR-47251



p.6

ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 78302

The same

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/

Sam Brownback, Governor

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

January 20, 2015

Katie Wright Chesapeake Operating, LLC 6100 N WESTERN AVE PO BOX 18496 OKLAHOMA CITY, OK 73118-1046

Re: Temporary Abandonment API 15-033-21137-00-00 FERRIN 3-15 SW/4 Sec.15-31S-17W Comanche County, Kansas

## Dear Katie Wright:

"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 01/20/2016.

- \* 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 01/20/2016.

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

Very truly yours,

Michael Maier"