



This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically



CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I



Chesapeake Operating, Inc. Interoffice Memorandum

TO: Don Glover
CC: John Hudson, Craig Bachhuber, Ryan Dayton, Bud Neff
FROM: Matthew Anakwue (CM)
DATE: January 28, 2015
RE: Plug and Abandon
Gould 3-6 Property No: 212003
SEC 6-T22S-R40W
Hamilton County, Kansas
Chesapeake Energy GWI = 96% NRI = 84.014762%

Recommendation

The referenced well is recommended for plugging and abandonment.

Discussion

The Gould 3-6 was drilled and completed in August 2000 to a total depth of 2,829'. Initially, the Winfield was acidized w/ 24 bbl acid and frac'd w/ 400 bbl X-link gel w/ 5,600# 20/40 sand. A casing leak was detected in 2013. The well was TA'd in Jan 2014.

The well has produced a cumulative 378.6 MMCF and has no remaining reserves (1Q15). Geology has determined no uphole potential and the well has been temporarily abandoned. The lease has expired and Chesapeake has plugging liability.

The gross estimate AFE cost to P&A the well is \$42M (\$40.3M net to COI). Partner approval will be necessary to commence operations.

Your approval is respectfully requested.

Gould 3-6
P&A
1-28-2015

Well Data

Well Name: Gould 3-6 W.I. = 96.00 N.R.I. = 84.014762

Location: NW SE SE, Section 6-T22S-R40W

County: Hamilton County, KS

API #: 15-075-20729 PN: 212003 AFE#:

TD: 2,829' PBDT: 2,702' (CIBP) Elevations: KB – 3,595' (11'), GL – 3,584'

Formations

Name	Type	Top	Bottom	Perforations	Comments
Winfield				2732-2742'	

Tubulars

Surface Casing: unknown jts 8 5/8" 24# J-55 0' – 845'
Cemented with 225 sacks cement, circulated to surface.

Production Casing: unknown jts 4 1/2" 0' - 2,829'
Cemented with 650 sacks cement
(TOC – 2289' est)

Production Tubing: POH w/ 2 3/8" tbg w/ SN & 6' MA set @ 2787'; POH 1/22/14.

Other in Hole: CIBP @ 2702'
Casing leak @ 2322-2353'

Pipe	ID	Drift	Bbls/ft	Burst	Collapse	%
8 5/8", 24#, J-55	8.097"	7.972"	0.0637	2950	1370	100
4 1/2", 9.5#, K-55	4.090"	3.965"	0.0162	4380	3310	100
4 1/2", 10.5#, K-55	4.052"	3.927"	0.0159	4790	4010	100
4 1/2", 11.6#, K-55	4.0"	3.875"	0.0155	5350	4960	100
4 1/2", 13.5#, P-110 J-55	3.920"	3.795"	0.0149	12410	10670	100

Gould 3-6
P&A
1-28-2015

Procedure

1. Notify KCC District 1 at least 5 days before plugging operations
KCC District 1: (620) 225-8888 BLM –Randy George (405) 790-1011
2. MIRU WOR, POOH with pump & rods. ND WH, NU BOP, TOO H with tubing
3. PU 4 ½” CIBP, TIH with plug and set at ±2680’. Dump 2 sx cement w/2% CaCl₂ on top of CIBP (Plug 1). TOO H w/tubing while circulating plugging mud.
4. RU to pull 4 ½” casing and weld on pull nipple. PU on casing, MIRU WLU and RIH w/tools and locate freepoint. RIH w/cutting tools and cut casing above freepoint (estimated ~2240’). POOH with WL tools and TOO H with 4 ½” casing laying down.
5. TIH with tubing, pump the following plugs in casing/open hole displacing with plugging mud:

Plug 2: Shoe & FW Plug (2190-2090’)	70 sx. w/ 2% CaCl ₂
Plug 3: Shoe & FW Plug (1000’-800’)	70 sx. w/ 2% CaCl ₂
Plug 4: Surface plug (34’-4’)	10 sx. w/ 2% CaCl ₂
6. Cut off casing 4ft. below ground level, weld on steel ID plate. RDMO WOR.



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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

March 03, 2015

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

Re: Plugging Application
API 15-075-20729-00-00
GOULD A 3-6
SE/4 Sec.06-22S-40W
Hamilton County, Kansas

Dear Katie Wright:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 225-8888. Failure to notify DISTRICT 1, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after September 03, 2015. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The September 03, 2015 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 1