KANSAS CORPORATION COMMISSION 1243086

Form CP-111 June 2011 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

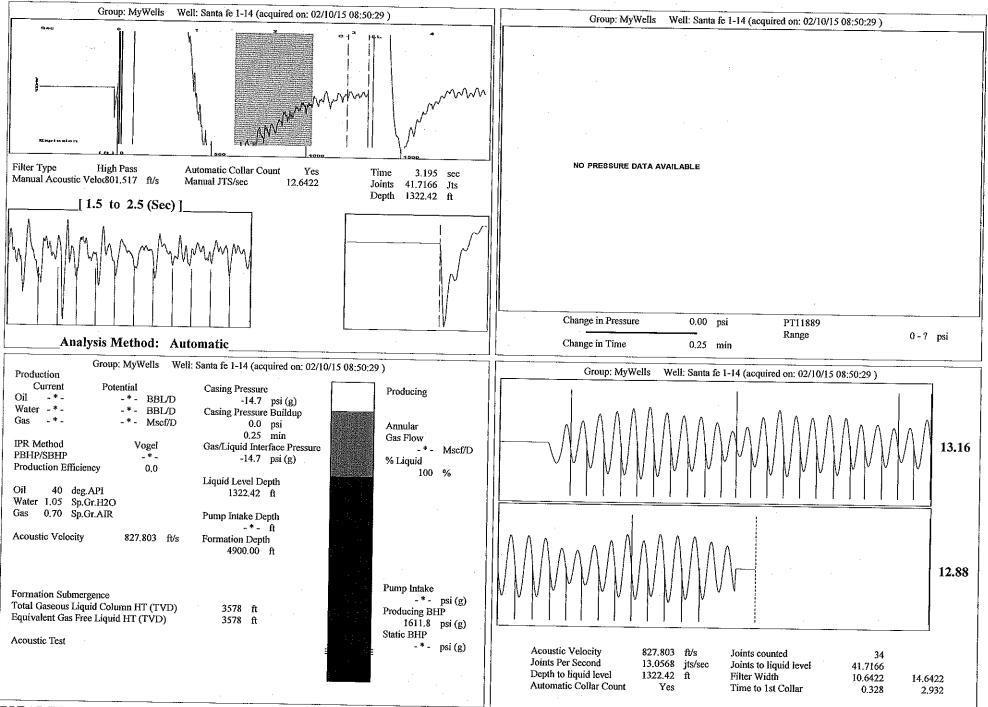
| OPERATOR: License#<br>Name:        |                  |   |           | API No. 15 |  |                  |              |                      |        |           |
|------------------------------------|------------------|---|-----------|------------|--|------------------|--------------|----------------------|--------|-----------|
|                                    |                  |   |           |            | Spot Description:                      |                  |              |                      |        |           |
| Address 1:                         |                  |   |           |            | Sec Twp S. R E W                       |                  |              |                      |        |           |
| Address 2:                         |                  |   |           |            |  |                  |              | feet from N /        |        |           |
| City:                              | State:           | Zip:  | +         |            |  |                  |              |                      |        |           |
| Contact Person:                    |                  |   |           |            |  |                  |              |                      |        |           |
| Phone:( )                          |                  |   |           |            | Datum:  NAD27  NAD83  WGS84    County: |                  |              |                      |        |           |
| Contact Person Email:              |                  |   |           |            |  |                  |              | Well #:              |        |           |
| Field Contact Person:              |                  |   |           |            | Well Type: (                           | check one) 🗌 🤇   | Dil 🗌 Gas    | OG WSW Oth           | ner:   |           |
| Field Contact Person Phon          |                  |   |           |            | SWD Permit #:  ENHR Permit #:          |                  |              |                      |        |           |
|                                    | //               |   |           |            |  | rage Permit #: _ |              |                      |        |           |
|                                    |                  |   |           |            | Spud Date:                             |                  |              | _ Date Shut-In:      |        |           |
|                                    | Conductor        | Surfa                                       | се        | Proc       | luction                                | Intermedia       | ite          | Liner                | Tubing | J         |
| Size                               |                  |   |           |            |  |                  |              |                      |        |           |
| Setting Depth                      |                  |   |           |            |  |                  |              |                      |        |           |
| Amount of Cement                   |                  |   |           |            |  |                  |              |                      |        |           |
| Top of Cement                      |                  |   |           |            |  |                  |              |                      |        |           |
| Bottom of Cement                   |                  |   |           |            |  |                  |              |                      |        |           |
| Casing Fluid Level from Su         | Irface:          |   | How Deter | rmined?    |  |                  |              | Date                 | :      |           |
| Casing Squeeze(s):                 | b) to w          |   |           |            |  |                  |              |                      |        |           |
| Do you have a valid Oil & G        | Gas Lease? 🗌 Yes | No  |           |            |  |                  |              |                      |        |           |
| Depth and Type: Unk                | in Hole at       | Tools in Hol                                | e at      | Cas        | ing Leaks:                             | Yes No           | Depth of ca  | asing leak(s):       |        |           |
| Type Completion:                   |                  |   |           |            |  |                  |              |                      |        | of cement |
| Packer Type:                       |                  |   | ,         |            |  |                  |              | (depth)              |        |           |
| Total Depth:                       | Plug Back Depth: |   |           | P          | Plug Back Method:                      |                  |              |                      |        |           |
|                                    |                  |   |           |            |  |                  |              |                      |        |           |
| Geological Date:                   |                  | Formation Name Formation Top Formation Base |           |            |  | Comp             | pletion Info | rmation              |        |           |
| Geological Date:<br>Formation Name | Formatio         | n lop Formatio                              | in Dusc   |            |  |                  |              |                      |        |           |
| C C                                |                  |   |           | Perfora    | ation Interval _                       | to               | Feet o       | r Open Hole Interval | to     | Feet      |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: Yes                                     | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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 |  |



TOTAL WELL MANAGEMENT by ECHOMETER Company

02/10/15 08:04:56

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

February 24, 2015

Katie Wright Chesapeake Operating, Inc. 6100 N WESTERN AVE PO BOX 18496 OKLAHOMA CITY, OK 73054-0946

Re: Temporary Abandonment API 15-129-20544-00-01 SANTA FE 1-14 NE/4 Sec.14-33S-43W Morton 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 02/24/2016.

\* 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 02/24/2016.

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

Very truly yours,

Michael Maier"