



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

DOCKET # E-28,039

Disposal Enhanced Recovery:

SW SE SE Sec 28, T 29 S, R 34 EW

Repressuring
Flood
Tertiary

(626 (633)) Feet from South Section Line
974 (980) Feet from East Section Line

Date injection started _____
API #15 - 081 - 21629 - 00 - 01

Lease MLP Koenig Well # 1-28
County Haskell

Operator: Chesapeake Operation, INC Operator License # 32334

Name & Address PO Box 18496 Contact Person Steve Emick

Oklahoma City, OK 73154-0496 Phone (620) 287-2914

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 9/8"</u>	<u>5 1/2"</u>			
Set at		<u>1815'</u>	<u>5644'</u>			
Cement Top		<u>0</u>	<u>4863'</u>			
" Bottom		<u>1815'</u>	<u>5644'</u>			

Perf. @ 2975' w/2953' to 2798' TD (and plug back) 5650 (5470) RBP @ 5190' ft. depth
Packer type RBP Size 5 1/2 Set at 5190
Zone of injection Morrison ft. to ft. 5426-54 Perf. or open hole Perf

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
I
E Pressures: 320 300 - Set up 1 System Pres. during test 0
L
D 375 375 375 Set up 2 Annular Pres. during test _____
D _____ Set up 3 Fluid loss during test 0 bbls.
A
T Tested: Casing or Casing - Tubing Annulus
A

The bottom of the tested zone is shut in with _____

Test Date 4/21/15 Using Chaos Land Serv. LLC Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5190 feet was the zone tested
[Signature] Prod Foreman
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent Wade Klaus Title PIRT II Witness: Yes No _____
REMARKS: Set RBP @ 5190' Retest in 5 years

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update GPS entered * Well scheduled to be TA'd. JFA KCC Form U-7 6/84

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

September 01, 2015

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

Re: Temporary Abandonment
API 15-081-21029-00-01
MLP KOENIG 1-28
SE/4 Sec.28-29S-34W
Haskell County, Kansas

Dear Sara Everett:

"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 09/01/2016.

- * 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 09/01/2016.

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

Very truly yours,

Michael Maier"