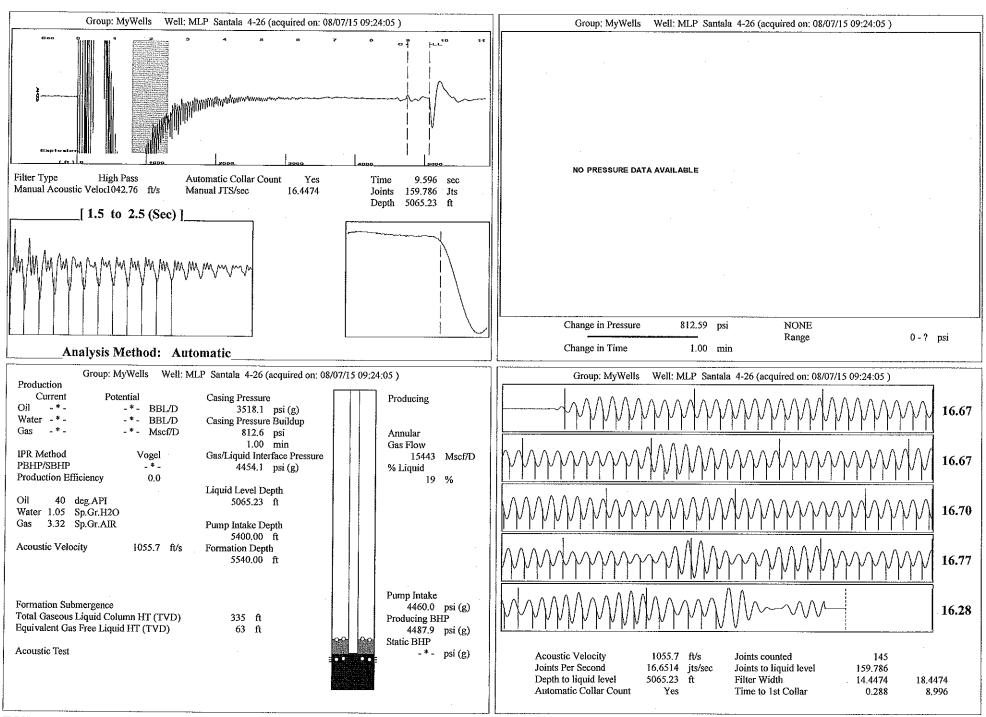
Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# | | | | API No. 15- | | | | | | | |
|--|--------------|--|--|--|----------------------------------|--|----------------------|------------|--------|-----------|--|
| Name: | | | | Spot Descr | iption: | | | | | | |
| Address 1: | | | | | Sec. | Tv | wp | _ S. R | | E W | |
| Address 2: | | | | | | | | = : | = | | |
| City: | State: | _ Zip: + _ | | | on: Lat: | | | | | f Section | |
| Contact Person: | | | | GF 3 Locali | GPS Location: Lat:, Long:, Long: | | | | | | |
| | | | | Datum: NAD27 NAD83 WGS84 County: Elevation: GL KB | | | | | | | |
| Contact Person Email: | | | | | Lease Name: Well #: | | | | | | |
| Field Contact Person: | Well Type: (| Well Type: (check one) Oil Gas OG WSW Other: | | | | | | | | | |
| Field Contact Person Phone: (| | ermit #: | | | Permit #: | | | | | | |
| , | | Gas Storage Permit #: Spud Date: Date Shut-In: | | | | | | | | | |
| | | | | Spud Date. | | | Jale Shul-ii | | | | |
| | Conductor | Surface | F | Production | Intermediate | : | Liner | | Tubinç | ı | |
| Size | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | |
| | | | | | | | | ent. Date: | : | | |
| Casing Squeeze(s): | to w | / sacks of No Tools in Hole at of: DV Tool: (deg | depth) W / | Casing Leaks: / sacks ch Set at: | (bottom) W / | sace sace sace sace sace sace sace sace | cks of ceme | | | | |
| Casing Squeeze(s): | to w | / sacks of No Tools in Hole at of: DV Tool: (deg | depth) W / | Casing Leaks: / sacks ch Set at: | (bottom) W / | sace sace sace sace sace sace sace sace | cks of ceme | | | | |
| Casing Squeeze(s): | to w | / sacks of No Tools in Hole at of: DV Tool: (deg | depth) W / | Casing Leaks: / sacks ch Set at: | Yes No Do | sace sace sace sace sace sace sace sace | cks of ceme | | | | |
| Casing Squeeze(s): | to w w w | / sacks of No Tools in Hole at of: DV Tool: (deg ack Depth: | depth) W / | toto Casing Leaks: / sacks ch Set at: | Yes No Do | san | cks of ceme | _ w / | sack (| of cement | |
| Casing Squeeze(s): | to w | / sacks of No No Tools in Hole at | cement, (cement, | tototo | W / | epth of casin ort Collar: Feet etion Informa _ Feet or O | g leak(s): _ (depth) | _ w / | sack (| of cement | |
| Casing Squeeze(s): | to w | No Sacks of No Sac | depth) W / Inc | Casing Leaks: / sacks ch Set at: Plug Back Meth | W / | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s): _ (depth) | _ w / | sack (| of cement | |
| Casing Squeeze(s): | to w | No Sacks of No Sac | depth) W / Inc | Casing Leaks: Casing Leaks: Sacks Ch Set at: Sacks Plug Back Meth reforation Interval of Castalane Buen | W / | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s): _ (depth) | _ w / | sack (| Feet Feet | |
| Casing Squeeze(s): (top) Do you have a valid Oil & Gas Depth and Type: Junk in H Type Completion: Packer Type: Total Depth: Geological Date: Formation Name 1. 2. Do NOT Write in This | to | No Sacks of No Sac | eet Per itted El | Casing Leaks: Ca | W / | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s): | _ w / | to | Feet Feet | |
| Do NOT Write in This Space - KCC USE ONLY | to | No No Tools in Hole at | eet Per itted El | Casing Leaks: Ca | W / | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s): | _ w / | to | Feet Feet | |

| 100 100 100 100 100 100 100 100 100 100 | 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 |



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

September 14, 2015

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

Re: Temporary Abandonment API 15-081-21469-00-00 MLP SANTALA 4-26 NE/4 Sec.26-29S-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 09/14/2016.

- * 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 09/14/2016.

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

Very truly yours,

Michael Maier"