



TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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 # E14994

Disposal Enhanced Recovery:

NW SE NE, Sec 1, T25 S, R 14 E/W

Repressuring

3590 (3674) Feet from South Section Line

Flood

950 (972) Feet from East Section Line

Tertiary

Date injection started

Lease SEI/Evers Well # 6-2

API #15 -185 - 11,923-00-01

County STAFFORD

Operator: CHESAPEAKE OPERATING LLC

Operator License # 32334

Name & Address P.O. BOX 18496

Contact Person RUSTY WALKER

OKLAHOMA CITY, OK 73118-1046

Phone 580-302-1615

Max. Auth. Injection Press. 1500 psi; Max. Inj. Rate 1500 bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

| | Conductor | Surface | Production | Liner | Size | Tubing |
|-------------------|---|---------------|--------------------------------|--------------------|--------------------|----------------|
| Size | | <u>8 7/8"</u> | <u>5 1/2"</u> | | <u>2 3/8"</u> | |
| Set at | | <u>256'</u> | <u>4289'</u> | | Set at | <u>3762'</u> |
| Cement Top | | <u>0</u> | <u>3020'</u> | | Type | <u>Duoline</u> |
| " Bottom | | <u>256'</u> | <u>4289'</u> | | | |
| DV/Perf. | | | | TD (and plug back) | <u>4292 (4150)</u> | ft. depth |
| Packer type | <u>WALKER AD-TENSION</u> | | Size <u>5 1/2 x 2 3/8</u> | Set at | <u>3762</u> | |
| Zone of injection | <u>Landing KC</u> ft. to ft. <u>3746-3836</u> | | Perf. or open hole <u>Perf</u> | | | |

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

I Pressures: 300 280 280 Set up 1 System Pres. during test 0

L Set up 2 Annular Pres. during test 300-280

D Set up 3 Fluid loss during test 0 bbls.

A Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with APACKER

Test Date 11-2-15 Using Nicholas Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3762 feet was the zone tested Rusty Walker Signature In EH&S Spec Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Larry Alderman Title ECRS Witness: Yes No

REMARKS: 5-year Re-test TAD in production well (Lost 20# switching gauge)

Origin. Conservation Div.; KDHE/T; Dist. Office;

Received by Regulatory Department Computer Update

NOV 13 2015

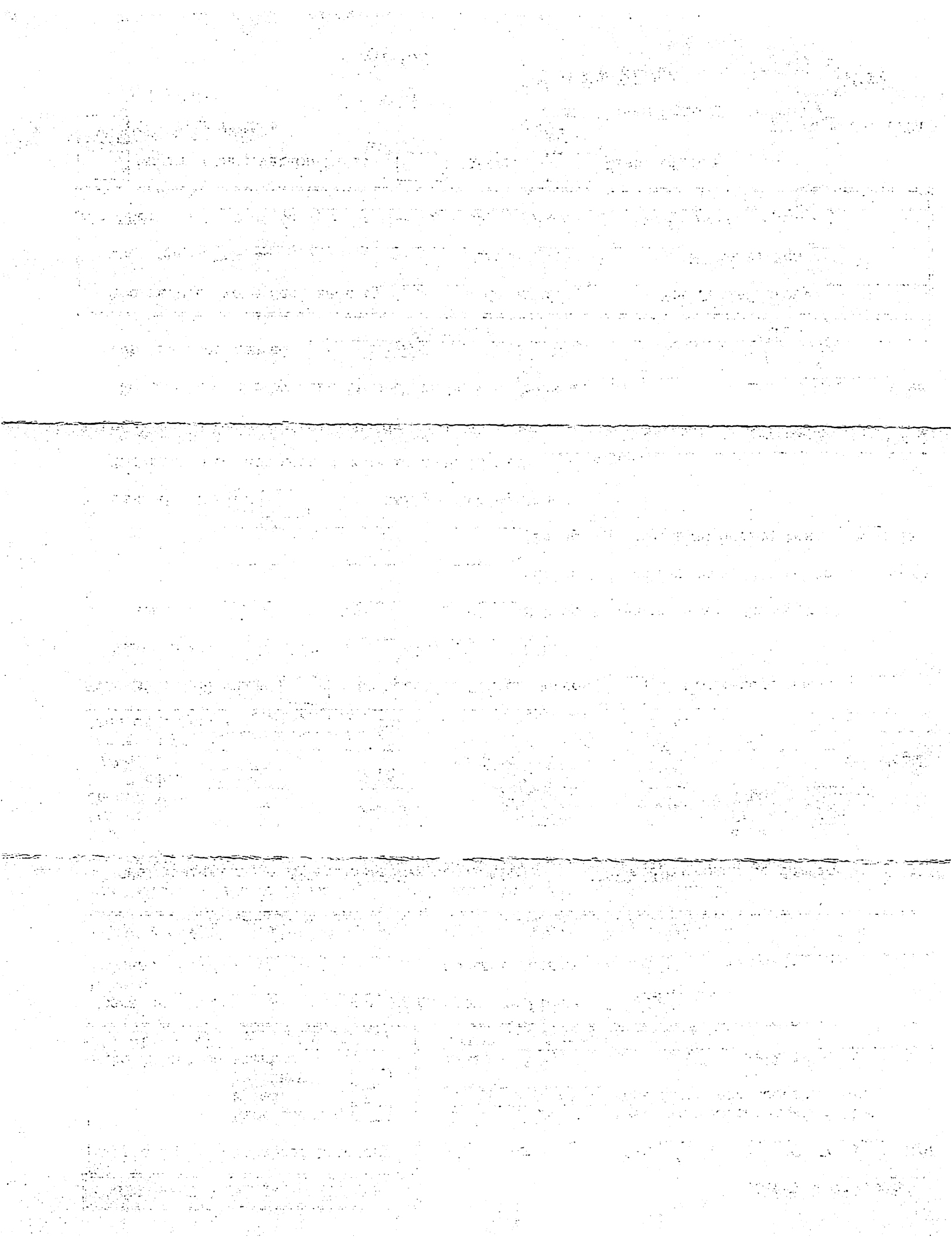
37.90803
98.80600

Received by Regulatory Department

GPS entered NOV 13 2015

KCC Form U-7 6/84

SCANNED uic



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/>

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

Sam Brownback, Governor

March 01, 2016

Sara Everett
Chesapeake Operating, Inc.
6200 N WESTERN AVE
PO BOX 18496
OKLAHOMA CITY, OK 73118-0496

Re: Temporary Abandonment
API 15-185-11923-00-01
SEEVERS 6-2
NE/4 Sec.01-25S-14W
Stafford 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 03/01/2017.

- * 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 03/01/2017.

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

Very truly yours,

Michael Maier"