



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 # E14994

Disposal Enhanced Recovery:

SE SW SE, Sec 1, T 25 S, R 14 E/W

Repressuring

660 (656) Feet from South Section Line

Flood

1930 (1966) Feet from East Section Line

Tertiary

Date injection started _____
API #15 - 180 - 33915 - 00 - 01

Lease See Jones Well # 8-7
County STAFFORD

Operator: CHESAPEAKE OPERATING LLC
Name & Address P.O. BOX 18 496

Operator License # 32334

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 5/8"</u>	<u>5 1/2"</u>		<u>2 3/8"</u>	
Set at		<u>257</u>	<u>4225'</u>		Set at	<u>3727</u>
Cement Top		<u>0</u>	<u>2810'</u>		Type	<u>Annular</u>
" Bottom		<u>257</u>	<u>4225'</u>			

DV/Perf. _____ TD (and plug back) 4230 ft. depth
Packer type BALLOON-AD-TENSION Size 5 1/2" x 2 3/8" Set at 3727
Zone of injection LANSING LLC ft. to ft. 3786 - 3794 Perf. or open hole Annular

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

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

E	Pressures: <u>310</u>	<u>310</u>	<u>310</u>	Set up 1	System Pres. during test <u>0</u>
L				Set up 2	Annular Pres. during test <u>310</u>
D				Set up 3	Fluid loss during test <u>0</u> bbls.

D Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with A- PACKER

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

The operator hereby certifies that the zone between 0 feet and 3727 feet was the zone tested
Signature Rusty Walker Title Dr. EHS Spec

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Larry Sidman Title ECRS Witness: Yes No

REMARKS: 5-year Re-test TAID INTERSECTION Well

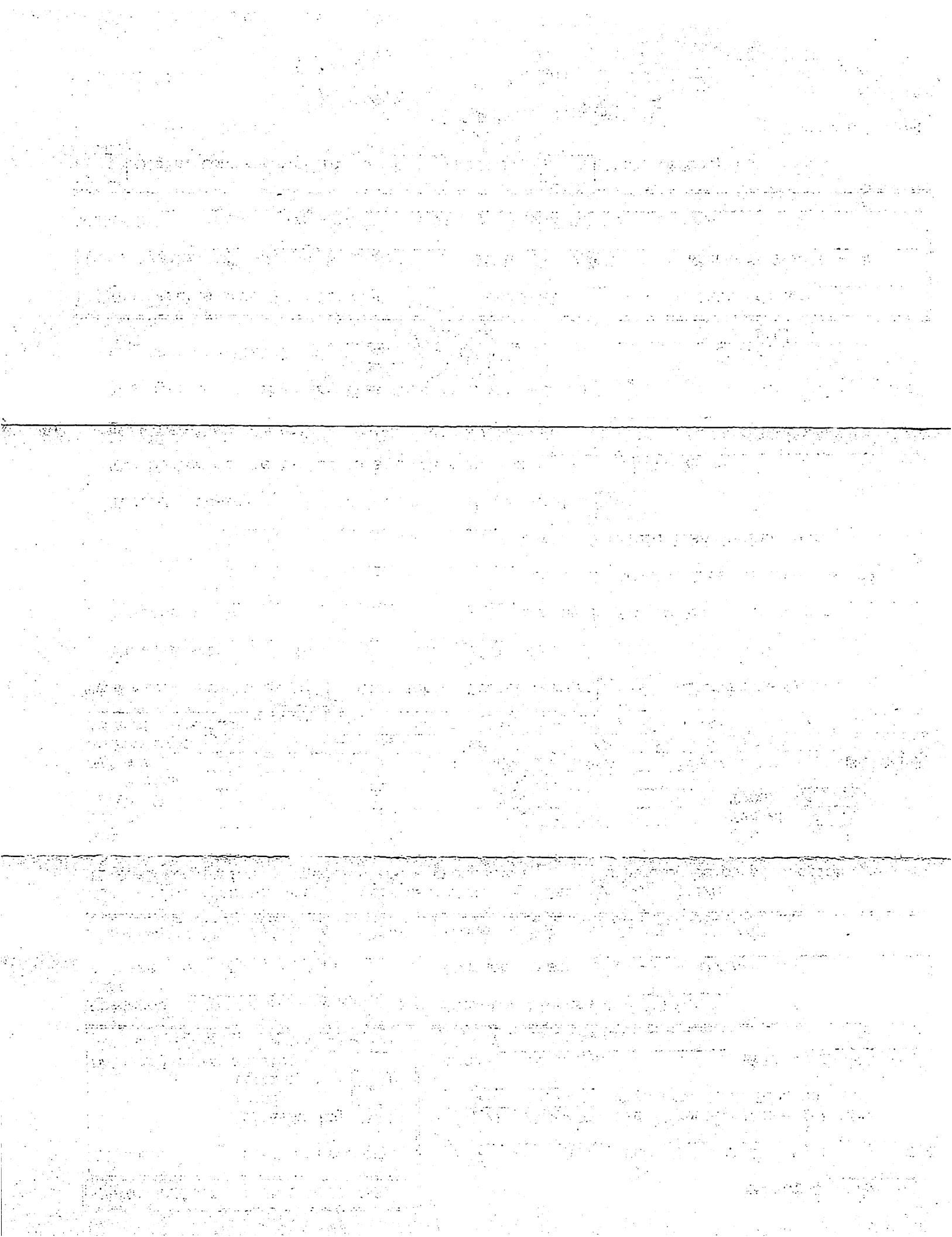
Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update

COPY
KCC Form U-7 6/84

GPS entered

37-89985
98-80941

Received by Regulatory Department
NOV 13 2015
SCANNED WTC



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 15-185-33915-00-01
SEEVERS 8-3
SE/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"