



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 # E-14,551.2

Disposal Enhanced Recovery: NE-NE-SW, Sec 32, T 24 S, R 13 SW

Repressuring
 Flood
 Tertiary

2311 (2307) Feet from South Section Line
3054 (3051) Feet from East Section Line

Date injection started _____
 API #15 - 185 - 00298 - 00 - 01

Lease Glasscock Well # 2-1
 County Stafford

Operator: Chesapeake Operating, Inc.
 Name &
 Address P.O. Box 18496

Operator License # 32334
 Contact Person Keith Shahan

Oklahoma City, OK 73118-1046 Phone 620-260-5785

Max. Auth. Injection Press. (0) 1000 psi; Max. Inj. Rate (0) 1000 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 5/8"</u>	<u>4 1/2"</u>		<u>2 3/8"</u>	
Set at		<u>253'</u>	<u>3942'</u>			<u>3828</u>
Cement Top		<u>0</u>	<u>3315'</u>		Type	<u>Dualine</u>
" Bottom		<u>253'</u>	<u>3942'</u>			
DV/Perf.						
Packer type						
Zone of injection	<u>LKC</u>					

TD (and plug back) 4285 ft. depth
 Size 2 3/8" x 4 1/2" Set at 3828
 Perf. or open hole perf.

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

9:00 308#
 F Time: Start 10 Min. 20 Min. 30 Min.

E Pressures: 300# 290# 290# Set up 1 System Pres. during test 0
 D Set up 2 Annular Pres. during test 308-290#
 D Set up 3 Fluid loss during test 0 bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with a packer

Test Date 7/9/14 Using Nicholas Water Service, LLC Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3828 feet

was the zone tested CKOLH Signature Prod. Foreman Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Eric MacLaren Title PIRT II Witness: Yes No

REMARKS: TA'd well. 5 year retest.

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

Computer Update GPS-37.91884°N, -98.77618°W

KCC Form U-7 6/84

JUL 14 2014

GPS entered

7/15/14
 SCANNED

KCC DODGE CITY

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

April 12, 2016

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

Re: Temporary Abandonment
API 15-185-00298-00-01
GLASSCOCK 2-1
SW/4 Sec.32-24S-13W
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 04/12/2017.

- * 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 04/12/2017.

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

Very truly yours,

Michael Maier"