



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 # E28021.1

Disposal Enhanced Recovery:

Repressuring

Flood

Tertiary

Date injection started _____

API #15 -129 -21316-00-01

Sd NE NE, Sec 16, T 31 S, R 40 E/W

4620 (4625) Feet from South Section Line

990 (949) Feet from East Section Line

Lease W.M.S.U. Well # 1-2 W/W

County Morton

Operator: Crosspointe Operating, Inc Operator License # 32334

Name & Address P.O. Box 18496 Contact Person Dennis Frick

Oklahoma City, OK 73118 Phone 620 277-0803

Max. Auth. Injection Press. 750 psi; Max. Inj. Rate 1000 bbl/d;

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

Conductor	Surface	Production	Liner	Size	Tubing
	<u>8 7/8</u>	<u>4 1/2</u>		<u>2 3/8</u>	
Set at	<u>1884</u>	<u>5330</u>		Set at	<u>5062</u>
Cement Top	<u>0</u>	<u>5000</u>		Type	<u>Bare Steel</u>
" Bottom	<u>1884</u>	<u>5330</u>			

Perf. 2720 w/ 2005x TD (and plug back) 5750 (5400) ft. depth

Packer type Arrow set Size 2 3/8 x 4 1/2 Set at 5062

Zone of injection Morton ft. to ft. 5140 - 5160 Perf. or open hole perf

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

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

I Pressures: 380 380 380 Set up 1 System Pres. during test vacuum

L Set up 2 Annular Pres. during test 380

D Set up 3 Fluid loss during test 0 bbls.

D Tested: Casing or Casing - Tubing Annulus

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

Test Date 6/26/14 Using The Hub of Syracuse Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5062 feet was the zone tested

X Dennis Frick
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Ken Lehtik Title PIRT II Witness: Yes No _____

REMARKS: Re-test annually due to bare tbg. T&E well

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, LLC
6100 N WESTERN AVE
PO BOX 18496
OKLAHOMA CITY, OK 73118-1046

Re: Temporary Abandonment
API 15-129-21316-00-01
WILBROS SOUTH MORROW UNIT 1-2
NE/4 Sec.16-31S-40W
Morton 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"