



**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**

<b>Do NOT Write in This Space - KCC USE ONLY</b>	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 # D 19842.0

Disposal  Enhanced Recovery:

SE NE NW, Sec 21, T 24 S, R 40 E/W

Repressuring   
Flood   
Tertiary

4380 Feet from South Section Line  
3180 Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 -075 -20321-00-00

Lease Overton Well # 2-A SWD  
County Hamilton

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

Operator License # 32334  
Contact Person Bud Neff

Oklahoma City, OK 73151 Phone 620 277-0803

Max. Auth. Injection Press. 1000 psi; Max. Inj. Rate 1440 bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

	Conductor	Surface	Production	Liner	Tubing
Size	_____	<u>8 5/8</u>	<u>5 1/2</u>	_____	Size <u>2 7/8</u>
Set at	_____	<u>1804</u>	<u>4295</u>	_____	Set at <u>3795</u>
Cement Top	_____	<u>0</u>	<u>0</u>	_____	Type <u>Flushed/Coated</u>
" Bottom	_____	<u>1804</u>	<u>4295</u>	_____	
TD/Perf.	_____	_____	_____	_____	_____
Packer type	<u>AD-1</u>	_____	_____	_____	_____
Zone of injection	<u>Lonsing</u>	_____	_____	_____	_____

TD (and plug back) 4300 (4292) ft. depth  
Size 2 7/8 x 5 1/2 Set at 3795  
Zone of injection Lonsing ft. to ft. 3876-4276 Perf. or open hole perf

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.  
I  
E Pressures: 370 370 370 Set up 1 | System Pres. during test Vacuum  
L  
D \_\_\_\_\_ Set up 2 | Annular Pres. during test 370  
D  
A \_\_\_\_\_ Set up 3 | Fluid loss during test 0 bbls.  
T Tested: Casing  or Casing - Tubing Annulus   
A

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

Test Date 6-27-12 Using The Hub of Syracuse Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3795 feet was the zone tested  
x Bud Neff Signature Prod Supt Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_

State Agent Ken Jenik Title PIRT II Witness: Yes  No \_\_\_\_\_

REMARKS: Retest taken after pulling well for a tbg leak. Packer fluid in annulus. Retest in 5 years

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

KCC Form U-7 6/84

GPS entered

DWJ

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

May 24, 2016

Sara Everett  
Chesapeake Operating, LLC  
6100 N WESTERN AVE  
PO BOX 18496  
OKLAHOMA CITY, OK 73118-1046

Re: Temporary Abandonment  
API 15-075-20321-00-00  
OVERTON 2A-21  
NW/4 Sec.21-24S-40W  
Hamilton 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 05/24/2017.

- \* 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 05/24/2017.

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

Very truly yours,

Michael Maier"