

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CP-1  
March 2010  
This Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,  
MUST be submitted with this form.

OPERATOR: License #: 32334  
Name: Chesapeake Operatin Inc.  
Address 1: P.O. Box 18493  
Address 2: \_\_\_\_\_  
City: Oklahoma City State: OK Zip: 73154 + 0496  
Contact Person: David Wiist  
Phone: (405) 935-3906

API No. 15 - 081-20761-0000  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
SE SE Sec. 15 Twp. 27 S. R. 34  East  West  
680 704 Feet from  North /  South Line of Section  
680 766 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Haskell  
Lease Name: Engler Well #: 3-15 SWD

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_

Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 8 5/8" 24# Set at: 1,902' Cemented with: 650 Sacks  
Production Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Glorieta, 1,470'-1,520'

Elevation: 2,990 ( G.L. /  K.B.) T.D.: 5,275' PBTD: 1,750' Anhydrite Depth: 1790'  
(Stone Corral Formation)

Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: \_\_\_\_\_  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

See Attached Procedure

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

SWD

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Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Bud Neff, Production Superintendent

Address: 4532 W. Jones Avenue City: Garden City State: KS Zip: 67846 + \_\_\_\_\_

Phone: (620) 277-0803 ext. 11

Plugging Contractor License #: 299216 Name: Allied Cementing Co., Inc.

Address 1: P.O. Box 31 Address 2: \_\_\_\_\_

City: Russel State: KS Zip: 67665 + \_\_\_\_\_

Phone: (785) 483-2627

Proposed Date of Plugging (if known): \_\_\_\_\_

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 10-4-10 Authorized Operator / Agent: \_\_\_\_\_

David Wiist

(Signature)

Digitally signed by David Wiist  
DN: dc=net, dc=chkenergy, ou=Users and  
Groups, cn=David Wiist, email=david.  
wiist@chk.com  
Date: 2010.10.04 10:11:20 -05'00'

Engler 3-15 SWD  
P&A  
9-22-10

## Procedure

1. Notify KCC District 1 at least 5 days before plugging operations  
KCC District 1: (620)225-8888
2. MIRU WOR, ND WH, NU BOP, release packer, TOOH with 2 7/8" tubing
3. PU 8 5/8" CIBP, TIH with plug and set at  $\pm 1400'$ . Dump 2 sx cement w/2%  $\text{CaCl}_2$  on top of CIBP (Plug 1). TOOH w/tubing while circulating plugging mud.
4. TIH with tubing, pump the following plugs in casing/open hole displacing with plugging mud:

Plug 2: Fresh water plug (800'-600')	60 sx. w/ 2% $\text{CaCl}_2$
Plug 3: Surface plug (34'-4')	10 sx. w/ 2% $\text{CaCl}_2$
5. Cut off casing 4ft. below ground level, weld on steel ID plate. RDMO WOR.

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KANSAS CORPORATION COMMISSION  
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Form KSONA-1  
July 2010  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

*This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.*

Select the corresponding form being filed:  C-1 (Intent)  CB-1 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 32334  
Name: Chesapeake Operatin Inc.  
Address 1: P.O. Box 18493  
Address 2: \_\_\_\_\_  
City: Oklahoma City State: OK Zip: 73154 + 0496  
Contact Person: David Wiist  
Phone: ( 405 ) 935-3906 Fax: ( 405 ) 849-3906  
Email Address: david.wiist@chk.com

Well Location:  
C SE SE Sec. 15 Twp. 27 S. R. 34  East  West  
County: Haskell  
Lease Name: Engler Well #: 3-15 SWD

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: See Attached Sheet  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 10-4-10 Signature of Operator or Agent:  Title: Regulatory Analyst

Page 2 to KSONA-1 to be filed with CP-1 for Engler 3-15 SWD Well

**SURFACE OWNERS OF E/2 OF SECTION 15-27S-34W, HASKELL CO., KS**

CSF, L.L.C.  
P.O. Box 1003  
4472 S Road M  
Ulysses, KS 67880

**SURFACE OWNERS OF SW/4 OF SECTION 15-27S-34W, HASKELL CO., KS**

Darcy L. Alexander & Sarah E. Alexander, h & w, JTWROS  
416 Road DD  
Satanta, KS 67870

Cimarex Energy Co.  
15 E. 5<sup>th</sup> Street  
Tulsa, OK 74103

**SURFACE OWNERS OF NW/4 OF SECTION 15-27S-34W, HASKELL CO., KS**

TLW Land & Cattle, L.P.  
P.O. Box 2410  
Oklahoma City, OK 73101

Cimarex Energy Co.  
15 E. 5<sup>th</sup> Street  
Tulsa, OK 74103

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Regulatory Department

October 4, 2010

**VIA UNITED PARCEL SERVICE**

Kansas Corporation Commission  
Conservation Division  
Finney State Office Building  
130 South Market, Room 2078  
Wichita, Kansas 67202

Re: Engler 3-15SWD  
15-27S-34W  
Haskell Co., KS  
API #15-081-20761

Dear Sir or Madam:

Enclosed is a CP-1 form for the referenced well.

If additional information is required, please contact me at the telephone number or e-mail address below or David Wiist at (405) 935-3906. Any written correspondence regarding this well should be directed to my attention at the address below.

Sincerely,

Chesapeake Operating, Inc.

A handwritten signature in black ink that reads "Sarah Rodriguez".

Sarah Rodriguez  
Regulatory Analyst

Enclosures

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Mark Parkinson, Governor Thomas E. Wright, Chairman, Joseph F. Harkins, Commissioner, Ward Loyd, Commissioner

**NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)**

CHESAPEAKE OPERATING, INC.  
6200 N WESTERN AVE  
PO BOX 18496  
OKLAHOMA CITY, OK 73118-1046

October 13, 2010

Re: ENGLER #3-15 SWD  
API 15-081-20761-00-01  
15-27S-34W, 704 FSL 766 FEL  
HASKELL COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

**This notice is void after April 11, 2011. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.**

Sincerely

Steve Bond  
Production Department Supervisor

District: #1  
210 E Frontview, Suite A  
Dodge City, KS 67801  
(620) 225-8888