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		API No. 15 - 1	85-33604 ~ 🗪	90/	
Name: Chesapeake Operating Inc.		If pre 1967, suppl	ly original completion	date:	^
Address 1: P.O. Box 18493		Spot Description:			
Address 2:			•	. S. R. 13	
City: Oklahoma City State: OK				North / 🗹 South Li	
Contact Person: David Wiist				East / West Li	V La
Phone: (405) 935-3906		1		tside Section Corner	By C
//		County: Staff	ENWSE ford	E ∐ SW	12/28
			lasscock	Well #: _4-1	
			NA/SII Oth sur		<u> </u>
Check One: Oil Well Gas Well OG SWD Permit #:	D&A Cathod	44.554	_	-2.4.	
				mit #:	
Conductor Casing Size: 8 5/8"	Set at:				
Production Casing Size: 4 1/2"					
List (ALL) Perforations and Bridge Plug Sets:	Set at:	Cement	ed with:		Sacks
Lansing - Kansas City: (3786'-3792'),	(3817'-3823'), (382	23'-3838'), (386	30'-3866') & (3894'-3901')	
Elevation: 1,942' (G.L. / K.B.) T.D.: 4,286'	PBTD: 3,936'	Anhydrite Depth: 82			
Condition of Well: Good Poor Junk in Hole	Casing Leak at:		(Stone (Corral Formation)	
Proposed Method of Plugging (attach a separate page if addition		(interval)			
See attached procedure	, ,				
·					
Is Well Log attached to this application?	Is ACO-1 filed? Yes	. No			
	is ACO-1 filed? fes	, NO			
If ACO-1 not filed, explain why:					
Plugging of this Well will be done in accordance with K.S	3.A. 55-101 <u>et, seq</u> . and the Ru	lles and Regulations o	f the State Corporal	tion Commission	
Company Representative authorized to supervise plugging of	perations: Bud Neff, Pro	oduction Superin	tendent		
Address: 4532 W. Jones Avenue	City	Garden City	State: KS;	zip: <u>67846</u>	+
Plugging Contractor License #: 9996	Nar	me: Allied Ceme	nting Co., Inc.		
Address 1: P.O. Box 31	Add	ress 2:			
City: Russel			State: KS	zip: 67665	+
Phone: (<u>785</u>) <u>483-2627</u>					
Proposed Date of Plugging (if known):				<u></u>	RECEIVED
Comment of the Physics Eq. (15.2. D. 20.2.145)		. בייל	Digitall	ly signed by David Wilst =net, dc≖chkenergy, ou=Us s, cn=David Wilst, david wilst@chk.com 1011.01.31 08:35:1	B. 0 7 2011
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu Date: 1/31/11 Authorized Operator / Ager	• • •	[™] David	VVIIS Groups	i, cn=David Wiist, david.wiist@chk.com	
Date: 1/31/11 Authorized Operator / Ager	IT:	(Sių	gnature)	**************************************	WICHITA

Glasscock 4-1 P&A 01-26-11

Procedure

- 1. Notify KCC District 1 at least 5 days before plugging operations KCC District 1: (620)225-8888
- 2. PU 4 ½" CIBP, TIH with plug and set at ±3730'. Dump 2 sx cement w/2% CaCl₂ on top of CIBP (Plug 1). TOOH w/tubing while circulating plugging mud.
- 3. RU to pull 4 ½" casing and weld on pull nipple. PU on casing, MIRU WLU and RIH w/tools and locate freepoint. RIH w/cutting tools and cut casing above freepoint (estimated ~3100'). POOH with WL tools and TOOH with 4 ½" casing laying down.
- 4. TIH with tubing, pump the following plugs in casing/open hole displacing with plugging mud:

Plug 2: Stub plug (3200'-3000')

40 sx. w/ 2% CaCl₂

Plug 3: Shoe & Fresh water plug (300'-150')

50 sx w/ 2% CaCl₂

Plug 4: Surface plug (34'-4')

10 sx. w/ 2% CaCl₂

5. Cut off casing 4ft. below ground level, weld on steel ID plate. RDMO WOR.

Kansas Corporation Commission Oil & Gas Conservation Division

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.

OPERATOR: License # 32334 Name: Chesapeake Operating Inc. Address 1: P.O. Box 18493	Well Location:		
Address 1: P.O. Box 18493	<u>SW_NE_NE_Sec.5Twp. 25S.</u> R. <u>13</u> East West		
	County: Stafford		
Address 2:	County: Stafford Lease Name: Glasscock Well #: 4-1		
City: Oklahoma City State: OK Zip: 73154 + 0496	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: David Wiist	the lease below:		
Phone: (405) 935-3906 Fax: (405) 849-3906			
Email Address:david.wiist@chk.com			
Surface Owner Information:			
Name: See Attached Sheet	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City:			
Select one of the following:			
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this nd email address. cknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this		
 I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a □ I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling If choosing the second option, submit payment of the \$30.00 handling 	pocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. cknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	pocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. cknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		

Page 2 to KSONA-1 to be filed with CP-1 for Glasscock 4-1 Well

SURFACE OWNERS OF NE/4 OF SECTION 5-25S-13W, Stafford CO., KS

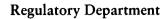
Paula J. Walker 19 Everleigh Drive Belle Vista, AR 72714

Marlan D. Barstow Route 2 Macksville, KS 67557

Alice J. Morgan 3425 NW 10th Ave. Gainesville, FL 32605

Henry F. Barstow HC 1 Box 435 404 N. Carrie Ave. Sharon Springs, KS 67758

> RECEIVED FEB 0 7 2011 KCC WICHITA





February 4, 2011

VIA UNITED PARCEL SERVICE

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

Re:

Glasscock 4-1

5-25S-13W, Stafford Co., KS

API #15-185-33604

Dear Sir or Madam:

Enclosed are CP-1 and KSONA-1 forms for the referenced well. The CP-1 has been mailed to all surface owners.

If additional information is required, please contact me at (405)-935-7539 or by e-mail at christy.keith@chk.com or contact David Wiist at (405)-935-3906.

Sincerely,

Chesapeake Operating, Inc.

Christy Keith

Enclosures

RECEIVED FEB 0 7 2011 KCC WICHITA



Sam Brownback, Governor, Thomas E. Wright, Chairman 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

February 08, 2011

Re: GLASSCOCK #4-1 API 15-185-33604-00-01 5-25S-13W, 4301 FSL 1002 FEL STAFFORD 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 August 7, 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

Steve Bond

Production Department Supervisor

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