

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15-075-20156.0000 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Chesapeake Operating, Inc. KCC LICENSE # 32334
(owner/company name) (operator's)

ADDRESS P. O. Box 18496 CITY Oklahoma City, OK 73154-0496

STATE OK ZIP CODE 73154-0496 CONTACT PHONE # (405) 848-8000

LEASE Almquist 16 WELL# 1 SEC. 16 T. 21S R. 40W (East/West)

C - NW - SE SPOT LOCATION/0000 COUNTY Hamilton

3300 FEET (in exact footage) FROM S (N) (circle one) LINE OF SECTION (NOT Lease Line)

3300 FEET (in exact footage) FROM E (W) (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET#

CONDUCTOR CASING SIZE SET AT CEMENTED WITH SACKS

SURFACE CASING SIZE 8-5/8" SET AT 325' CEMENTED WITH 275 SACKS

PRODUCTION CASING SIZE 4-1/2" SET AT 2,814' CEMENTED WITH 400 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 2751' - 2761'

ELEVATION KB-3535' T.D. 2,814' PBD 2,775' ANHYDRITE DEPTH
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Pump 5 sx cotton-seed hulls for plug & 150 sx 60/40 POZ

mix with 6% gel. Pressure test 8-5/8"x4-1/2" annulus, and pump 50 sx 60/40 POZ

mix down annulus if needed

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? IS ACO-1 FILED? Yes

If not explain why?

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.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Joe Brougher, Garden City Ofc. PHONE# () (316) 277-0808

ADDRESS 4532 W. Jones Ave. City/State Garden City, KS 67846

PLUGGING CONTRACTOR Allied Cementing KCC LICENSE #

(company name) (contractor's)

ADDRESS P. O. Box 31, Russell, KS 67665 PHONE # () (785) 483-3887

PROPOSED DATE AND HOUR OF PLUGGING (If known?) 06-06 @ 12:00pm Plugged

PAYMENT OF THE PLUGGING FEE (K.S.A. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 06/05/01 AUTHORIZED OPERATOR/AGENT: Randy Gasaway

(signature) Randy Gasaway