Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1218641

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out	

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Plugging	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements, and mottors harain contained	and the lag of the chouse describe	d wall is as filed, and

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically



CEMENTING LOG

						CEMENT DATA
Date 8/7	/2014 Distr				.548	Spacer Type 37 BBLS H20
Company		IESAPEAKE		EXACT WELLS		Amt. Sks Yield ft³/sk Density 8.34 PPG
Lease		ANKE	Well		-6	
County	STEV	ENS CO.	State	KS.		LEAD: Time hrs. Type 60/40/4% GEL
Location				1060		EAD. TimeTris. Type 00740747 GLL
Field		✓ PTA	Squ		Misc.	Amt. 360 Sks Yield 1.5 ft³/sk Density 13.5 PPG
Casing Data		Interme			Misc.	TAIL: Time hrs. Type
	Surface	2000			Linei	Excess
Size 10	3/4 Туре	e <u>J-55</u>	vveignt	2.75 Collar		Amt. Sks Yield ft³/sk Density PPC
						WATER Lead 7.5 Gal/sk Tail Gal/sk Total 64.28 BBLS
						WATER Lead Gal/sk Tall Gal/sk Total bbc
Casing Dept	hs Top		Bottom _	1680 F	r	Pump Trucks Used: 531-541 Bulk Equipment 869-554
Drill Dipo:	BBIS/	LIN. FT	LIN	FT/BBL		
Drill Pipe: Open Hole:		LIN. FT		FT/BBL		Float Equipment: Manufacturer
		10.26 20.66		FT/BBL		Shoe: Type Depth
Capacity Fac					.91	Float: Type Depth
Casing Open Holes	1000000			FT/BBL		Centralizers: Quantity Plugs Top Bottom
					8.397	Stage Collars
Drill Pipe				FT/BBL 18		Special Equipment
Annulus	-				3.98	Disp: Fluid Type H20 Amt 5.3 bbls Weight 8.34 PP
Derforations				ft Amt		Mud Type Weight
Perforations	s From	<u>3011</u> 1				
COMPANY F	REPRESENTATI					CEMENTER Ruben Chavez
TIME	PRESSU	JRES PSI		D PUMPED DA		DEMARKS
AM/PM	DRILL PIPE CASING	ANNULUS	FLUID	PUMPED PER TIME PERIOD	RATE BBLS/MIN	REMARKS
44.00.484	CASING		FLOID		bbcs/ wind	Got To Location Spot Trucks, And Rig Up.
11:00 AM						Have A Prejob Safety Meeting
12:50	100		2	2	2	Pump 2 BBIs H20 To Fill Pump Lines
1:00	100		2	-	-	PRESSURE TEST 2000 pumping lines
1:05	100		37	35	3	Start pumping h20 to fill up casing 37 BBLS
	90		50.3	13.3	3	Start mixing and pump 50 sk cement at 1680 FT 13.3 BBLS SLURRY
3:00	90		55.6	5.3	3	Start displacement 5.3 bbls h20
	0		55.0	5.5		Shut down
3:07						Wash pump lines
4.10	50		138,4	82.8	3	Start pumping 310 sk cement; 82.8 bbls slurry. And continue pum ping
4:10	30		130,4	02.0		until circulate cement to surface from 750 ft. deep.
4.55						Shut down
4:55				-		Wash pump lines
						Rig down
						Job finished; thankyou
				+ +		
				+ +		
	-					
			1	L		
FINAL DISP	. PRESS.	1	PSI BUMP	PLUG TO		PSI BLEEDBACK BBLS THANK YOU



Field Ticket Number: 61548			Field Ticket Date.			Thursday, Au	ugust 07, 2014
But To: CHESAPEAKE P O Box 18496 Oklahoma City, OK 73154-0496		Well Nam Well Num Shipping	Job Name: Well Name: Well Number: Shipping Point:				
		Sales Off	fice:	ħ	fid Con BD.		
		SERVICES - S	SERVICES -	SERVICES			
Description	QTY	. UOM	Unit Amt	Gross Amt	Unit Nat	Discount	Not Amount
Thru-Tbg or Drill Pipe Pump Charge 1001' to 20	1.00	min. 4 hr	2,249.84	2249.84	2,024.86	10%	2,024.86
Products handling service charge	380.64	per cu. Ft.	2.48	943.99	2.23	10%	849.59
Drayage for Products	402.48	ton-mile	2.75	1106.82	2.48	10%	996.14
Light Vehicle Mileage	25.00	per mile	4.40	110.00	3.96	10%	99.00
Heavy Vehicle Mileage	25.00	per mile	7.70	192.50	6.93	10%	173.25
	MA	TERIALS - M	ATERIALS	- MATERI	ALS		
ALLIED 60/40 POZ 2% BLEND - CLASS A	360.00	per sack	18.43	6,634.80	16.59	10%	5,971.32
ADDITI	IONAL IT	EMS - ADDI	TIONAL ITE	MS - ADL	DITIONAL	ITEMS	
Additional hours, in excess of set hours	1.00	per hour	440.00	440.00	396.00	10%	396.00
Calcium Chloride		per pound	1.10	0.00	0.99	10%	0.00
					Gross	Discount	Final
0	1			ervices Total	4,603.15	460.31	4,142.83
Allied Rep Buben C	1			aterials Total	6634.80	663.48	5,971.32
	nguez		Add	litional Items Final Total	440.00 5.043.15	44.00	396.00 10,510,15
Gustomer Agent:					5,043.15	1,107,19	10,510.15
This output does NOT include taxes. Applicaple sale Customer hereby acknowledges receipt of the materia I have read and understand the "GENERAL TERMS	ils and services	described above and a	on the attached doo	suments.	721.10	2	
x			Field Ticket Total	(USD):	12		\$10,510.15
Customer Signature		-	Contract Contract				

INVOICE

LOG-TECH OF KANSAS, INC. P.O. BOX 885 GREAT BEND, KANSAS 67530

(620) 792-2167

Date 8-6-2014

CHARGE TO: Chesapeate Opera	ting Company
ADDRESS	CUSTOMER ORDER NO. 807207
LEASE AND WELL NO. Hanke	FIELD
	COUNTY Stevens STATE KS
SPOT LOCATION	SEC TWP RANGE
ZERO 12'AGL CASING SIZE	51/2/41/2WEIGHT
	LOG TECH #57 FLUID LEVEL 2760'
	OPERATOR J. Welcher M. Montes
))	

PERFORATING			
Description	No. Shots	From Depth To	Amount
Cet 51/2 Cours PVC	1	2100	1 850 00
The second s			

DEPTH AND OPERATIONS	S CHARGE	S				
Description	From	oth To	Total No. Ft	Price Per Ft	Amour	nt
Set 412 CTBP DB-5 At	0	1271	1234	27	931	48
Pund 24 of coment A!		4234	1774		180	00
her GRICCLICISC AL	U	2400	2400	. 31	744	00
11 11 11 10 100	2.100	1900	147. a	.29	580	00
				an stall		

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	1	550 00
4% CISPIN-S Weatherford	1	200 00
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	Loon III Paymon	

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT
RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS
AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH
WE HEREBY AGREE.
Customer Signature
Date
Date

WHITE - Original CANARY - File Copy PINK - Customer Copy GOLDENROD - Field Copy

INV	OIC	E	
80	8	9	

LOG-TECH OF KANSAS, INC. P.O. BOX 885 GREAT BEND, KANSAS 67530 (620) 792-2167

Date 8-7-2014

CHARGE TO: Chesqueate 01.	11 ting Company
ADDRESS	
R/A SOURCE NO (CUSTOMER ORDER NO. AFF 803203
LEASE AND WELL NO Han the #1	FIELD
NEAREST TOWN	_ COUNTY STATEKS
SPOT LOCATION	SEC TWP RANGE
ZERO 12' AGL CASING SIZE	7 5/5 WEIGHT
	OG TECH FLUID LEVEL
ENGINEER Lance Greng	_ OPERATOR _ J Welcher
PERE	ORATING

Description		From To		Amou	Int
OWEN HSI (7175-377)	11		750	850	20

DEPTH AND OPERATIONS	CHARGES	S		THE REAL PROPERTY OF		
Description	From Depth To		Total No. Ft.	Price Per Ft.	Amou	int
Rea GRICELEBE Dials	0	1500	17. n	, 31	830	00
1. 1. 1. 200	1500	D	M.A	79	580	00
and the second						
and the second second of the second						

MISCELLANEOUS				
Description	Quantity	Quantity Amount		
Service Charge		550	00	
and the second				

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.	Sub Total Code Ref. Tool Insurance Tax	2910	00
Customer Signature Date		2171	00