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

1280967

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 32334
Name: Chesapeake Operating, LLC
Address 1: 6100 N WESTERN AVE
Address 2: PO BOX 18496
City: OKLAHOMA CITY State: OK Zip: 73118 + 1046
Contact Person: Sara Everett
Phone: (405) 935-2408

Type of Well: *(Check one)* ☐ Oil Well ☑ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: ☐ SWD Permit #:
☐ ENHR Permit #: ☐ Gas Storage 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)*
Winfield Depth to Top: 2397 Bottom: 2403 T.D.
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 - 15-075-10120-00-00
Spot Description:
NE - NE - NE - SW Sec. 31 Twp. 23 S. R. 40 ☐ East ☑ West
2569 Feet from ☐ North / ☑ South Line of Section
2711 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Hamilton
Lease Name: OSBORNE Well #: 1-31
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 01/21/2016
Plugging Completed: 01/21/2016

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
		Surface	7	294	
		Production	4.5	2432	

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.

Description of Work: MIRU EXACT WELL SVC. RIG 8 # CONSOLIDATED & THE HUBS WATER TRUCK PIONEER WL. HPJSAM STAGE 1 # MIX AND PMP DOWN 4 1/2 CSG W/ 35 SKS CMT SPEARHEADED W/ 150 # COTTON SEED HULLS DISPLACED UP TO 1800' PRESSURE TESTED TO 500 PSI HELD. RAN CBL FROM 1960; TO 0 FOUND TOP OF WET CMT INSIDE 4 1/2 CSG UP TO 1725' HAD GOOD CMT BOND. RAN TBG INTO 1650' STAGE 2 # MIX 73 SKS OF CMT & DISPLACED UP TO 500'. LEFT 500 FT TBG IN HOLE STAGE 3 # MIX AND PMP DOWN TBG W/ 35 SKS OF CMT DID CIRCULATE TO SURFACE. LAY DOWN TBG STAGE 4 # MIX AND TOP OFF CSG W/ 5 SKS CMT WELL IS PLUGGED. WORK LEFT TO DO CUT OFF CSG WELD ON ID PLATE HAUL OFF TBG RODS AND PUMPING UNIT CLEAN LOCATION KCC REP ON LOCATION KEN JEHLIK. RDMO. DROP FROM REPORT.

Plugging Contractor License #: 33961 Name: Consolidated Oil Well Services LLC
Address 1: 1322 S GRANT Address 2: PO BOX 884
City: CHANUTE State: KS Zip: 66720 + _ _ _ _
Phone: (620) 431-9210
Name of Party Responsible for Plugging Fees: Chesapeake Energy Corp.
State of Oklahoma County, Oklahoma , ss.
Sara Everett *(Print Name)* ☑ Employee of Operator or ☐ Operator on above-described well,

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 49632
LOCATION Oakley, KS
FOREMAN Kelly Babcock

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-21-16	2199	Osborne 1-31	31	23S	40W	Hamilton KS

CUSTOMER: Chesapeake
MAILING ADDRESS:
CITY | STATE | ZIP CODE:

Syracuse 1½ N ½ E into

TRUCK #	DRIVER	TRUCK #	DRIVER
431	Cody		
529 T127	Keith		

JOB TYPE OHP HOLE SIZE ____ HOLE DEPTH ____ CASING SIZE & WEIGHT 4½
CASING DEPTH ____ DRILL PIPE ____ TUBING 2 3/8 OTHER ____
SLURRY WEIGHT ____ SLURRY VOL ____ WATER gal/sk ____ CEMENT LEFT in CASING ____
DISPLACEMENT ____ DISPLACEMENT PSI ____ MIX PSI ____ RATE ____

REMARKS: Safety meeting rigged up on well, mixed 355 SKS 60/40 4% gel ¼# Flo-seal with 150# Hulls + displaced to 1800' Pull pressured to 500# ran tubing to 1653, mixed 73 SKS + displaced To bring cement up TO 500', pulled tubing to 500' mixed 35 SKS to circulate, mixed 5 SKS to top off casing
washed up rigged down

Thank You
Kelly + Crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	100mi	MILEAGE	7.15	715.00
CE0710	6.45	Ton mileage delivery	1.75	1128.75
CC5829	150 SKS	Lite weight Blend II	16.00	2400.00
CC6075	37.5#	celloflake	2.00	75.00
CC6080	150#	cotton seed Hulls	.50	75.00
	AFE # 803627			
			Sub	5343.75
			less 3500	1870.31
			Total	3473.44
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZTION Dennis Field TITLE ____ DATE 1-21-16

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

PIONEER

Every Project Is Personal

Pioneer Wireline Services, LLC

Phone: 785.625.3858
Fax: 785.625.8635

Service Order No.
1 – 50766

Date: 12-11-14

Client Info	Company				Client Order #			
	Billing Address		City		ST	Zip		
Well Info	Lease & Well #		Field Name		Legal Description (coordinates)			
	Nearest Town	County / Parish	ST	Rig	Permit #	Price Zone	Casing Size	Casing Weight
	Fluid	Level (surf.)	Reading from	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation	
Crew	Engineer	Truck Driver	Crew Members			Unit #	Miles	

Product Code	Description	Q-ty	Unit Price	Depth From	Depth To	$ Amount

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	
DISCOUNT	
SUBTOTAL	
TAX	
NET TOTAL	

Client Approval

Name Printed _____ Signature / Date _____

Pioneer Field Representative

Name Printed _____ Signature / Date _____

PIONEER OFFICE USE ONLY – Manager Approval

Name Printed _____ Signature / Date _____