

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32334Name: Chesapeake Operating, Inc.Address: P.O. Box 18496City/State/Zip: Oklahoma City, OK 73154-0496Purchaser: OneokOperator Contact Person: Randy GasawayPhone: (405) 848-8000Contractor: Name: Murfin DrillingLicense: 30606Wellsite Geologist: Joe Brougher

Designate Type of Completion:

 New Well Re-Entry Workover Oil SWD SIW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

 Deepening Re-perf. Conv. to Enhr./SWD Plug Back _____ Plug Back Total Depth _____ Commingled Docket No. _____ Dual Completion Docket No. _____ Other (SWD or Enhr.?) Docket No. _____08/28/00 08/30/00 09/21/00
Spud Date or Date Reached TD Completion Date or Recompletion DateAPI No. 15 - 075-20730County: HamiltonNE SW SW Sec. 2 Twp. 22 S. R. 41 East West1250 feet from S / N (circle one) Line of Section1250 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

 (circle one) NE SE NW SWLease Name: Gould A Well #: 4-2Field Name: BradshawProducing Formation: WinfieldElevation: Ground: 3620' Kelly Bushing: 3631'Total Depth: 2810' Plug Back Total Depth: -Amount of Surface Pipe Set and Cemented at 336' FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2825' feet depth to surface w/ 675 sx cmt.Drilling Fluid Management Plan ALT 2 8H 02/22/02
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Randy Gasaway Date: 10/4/2000Title: Randy Gasaway -Asset Mgr Date: 10/04/2000Subscribed and sworn to before me this 4th day of October,2000Notary Public: Randy L. GasawayDate Commission Expires: 08-24-04

KCC Office Use ONLY

 Letter of Confidentiality Attached If Denied, Yes Date: _____ Wireline Log Received Geologist Report Received UIC DistributionJDG

Operator Name: Chesapeake Operating, Inc. Lease Name: Gould A Well #: 4-2
 Sec. 2 Twp. 22 S. R. 41 East West County: Hamilton

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| | | | |
|--|---|---|---------------------------------|
| Drill Stem Tests Taken (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Log Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Base Anhydrite | +1325 |
| Electric Log Run (Submit Copy) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Winfield | 2740 |
| List All E. Logs Run: Log-Tech CBL | | | +891 |

| CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacjs Used | Type and Percent Additives |
| Surface | 12-1/4" | 8-5/8" | 20# | 336' | Cl. A | 225 | 1/4# Flo-Seal |
| Production | 7-7/8" | 4-1/2" | 10.5# | 2810' | Lite | 525 | 3% cc |
| | | | | | Cl. C | 150 | |

ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives | |
|--|---------------------|----------------|-------------|----------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 2 | 2747'-2757' | 1000 gal 7.5% acid, 16,000# 20/40 sand, | |
| | | 4000 # 20/40 resin Coated sand | |
| | | | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---------------|--------|--------|-----------|-----------|------------------------------|--|
| | 2-3/8" | 2,762' | | | | |

| Date of First, Resumed Production, SWD or Enhr. 10/01/00 | Producing Method | <input type="checkbox"/> Flowing | <input checked="" type="checkbox"/> Pumping | <input type="checkbox"/> Gas Lift | <input type="checkbox"/> Other (Explain) |
|---|------------------|----------------------------------|---|-----------------------------------|--|
| | | | | | |

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|--------------------------------------|-----------|---------|-------------|---------------|---------|
| | 0 | 57 | 79 | NA | NA |

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
(If vented, Sumit ACO-18.) Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____