

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 32334  
 Name: Chesapeake Operating, Inc.  
 Address: P. O. Box 18496  
 City/State/Zip: Oklahoma City, OK 73154-0496  
 Purchaser: NA  
 Operator Contact Person: Jim Reisch, Barbara Bale  
 Phone: (405) 848-8000  
 Contractor: Name: Superior Well Service  
 License: 32297  
 Wellsite Geologist: Bud Neff

Designate Type of Completion:

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

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

Operator: Chesapeake Operati

Well Name: MLP Clawson 2-34

Original Comp. Date: 1-6-1997 Original Total Depth: 1770 ft WICHITA, KS

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. \_\_\_\_\_

05/19/03 12/11/96 05/28/03  
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15-081-21077-00-02

County: Haskell

N/2 NW SW Sec 34 Twp. 29 S. R. 34  East  West  
2310 feet from S / N (circle one) Line of Section  
400 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: MLP Clawson Well #: 2-34 WSW

Field Name: Eubank South

Producing Formation: Lansing

Elevation: Ground: 2970' Kelly Bushing: 2981'

Total Depth: 5660' Plug Back Total Depth: 5150' @ 5000'

Amount of Surface Pipe Set and Cemented at 1770 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 2927' Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(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: Barbara Bale for Jim Reisch  
 Jim Reisch

Title: Asset Manager Date: 08/26/03

Subscribed and sworn to before me this 21st day of August,  
2003.

Notary Public: Barbara A. Morris #00018352

Date Commission Expires: 11/21/04

**KCC Office Use ONLY**

Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Chesapeake Operating, Inc.

Lessee Name: MLP Clawson

Well #: 2-34

Sec. 34 Twp. 29 S. R. 34

 East  West

County: Haskell

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stem 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 Well Log surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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	Heebner	3997
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	4105
Unit A/E Logs Run: Minilog Gamma Ray, BHC Accountant Log HRDIFL; Z-Densilog Comp Neutron Logs Mailed w/orig. completion report		Lansing B	4144
		Kansas City A	4548
		Base Kansas City	4894
		Marmaton	4704
		Cherokee	4876
		Morrow	5208
		Chester	5322
		Chester Sandstone	5431
		St. Genevieve	5564
			-2853

CASING RECORD  New  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	# Sacks Used	Type and Percent Additives
Surf	12-1/4"	8-5/8"	24#	1770'	65/35 Cl. C	500 150	
Prod	7-7/8"	5-1/2"	15.5#	5659	Cl. H	200	
Port. Collar				2927'	Lite Cl. C	225 590	

## #1 CIBP @ 5350'; #2 CIBP @ 5000' ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing	#1 CIBP @ 5350'		2 sx	
Plug Back TD				
Plug Off Zone	#2 CIBP @ 5000'		2 sx	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Add, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
2	4240'-4250'; 4276'-96' Lansing			

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-7/8"	4347'			

Date of First, Resumed Production, SWD or Enhr. NA - convert to WSW	Producing Method	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lln.	<input type="checkbox"/> Other (Specify)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval			
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lessee (If vented, Submit ACO-15.)		<input type="checkbox"/> Open Hole	<input type="checkbox"/> Per.	<input type="checkbox"/> Dualy Comp.	<input type="checkbox"/> Commingled _____