

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☒ Other (Core WSW Expl., Cathodic protection)

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

Operator: Chesapeake Operating
Well Name: MLP Clawson, 2-34

Original Comp. Date: 1-6-1997 Original Total Depth: 5660'

☐ 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 Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15-081-21077-00-22
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: GIBP @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 27th day of August

20 03

Notary Public: Augusta A. Mann #00018352

Date Commission Expires: 11/27/04

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.

Lease 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 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 ☐ Yes ☒ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No
(Submit Copy)

Log Name: Minilog Gamma Ray, BHC Acoustilog

HRDIPL; 2-Densilog Comp Neutron

Logs Mailed w/orig. completion report

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Heebner	3997	-1018
Lansing	4108	-1125
Lansing B	4144	-1183
Kansas City A	4548	-1585
Base Kansas City	4894	-1713
Marmaton	4704	-1723
Cherokee	4876	-1825
Morrow	5208	-2227
Chester	5322	-2341
Chester Sandstone	5431	-2450
SL Genevieve	5564	-2553

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

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

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Ventd <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If ventd, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Part <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Confiningd	
	<input type="checkbox"/> Other (Specify)	