

CONFIDENTIAL

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KANSAS CORPORATION COMMISSION

JUN 20 2006

Form ACO-1
September 1999
Must Be Typed

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

CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

Operator: License # #32334
Name: Chesapeake Operating, Inc.
Address: P. O. Box 18496
City/State/Zip: Oklahoma City, OK 73154-0496
Purchaser: Chesapeake Energy Marketing Inc.
Operator Contact Person: Jim Reisch, Aletha Dewbre
Phone: (405) 848-8000
Contractor: Name: Superior #4 Drilling Rig
License: _____
Wellsite Geologist: _____

API No. 15 - 129-20838 - 00-02
County: Morton
Sec. 32 Twp. 33 S. R. 42 East West
165 4290 feet from S / N (circle one) Line of Section
320 660 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Perkins Well #: B 1-32
Field Name: 170-Kinsler
Producing Formation: Marmaton

Designate Type of Completion:
____ New Well ____ Re-Entry Workover
____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
 Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

Elevation: Ground: 3,522' Kelly Bushing: 3,531'
Total Depth: 5,000' Plug Back Total Depth: 4,296'
Amount of Surface Pipe Set and Cemented at 1,613 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator: Hawkins Oil & Gas Inc.

Well Name: Perkins B 1-32
Original Comp. Date: 2/24/87 Original Total Depth: 5,000'

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.: _____

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
 Plug Back 4,296' Plug Back Total Depth _____
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

5/10/2006 5/14/2006
Spud Date or Date Reached TD Completion Date or Recompletion Date

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.

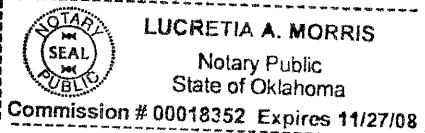
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
Title: Jim Reisch, Asset Manager Date: 6/16/2006

Subscribed and sworn to before me this 16th day of June,
2006.

Notary Public: Lucretia A. Morris
Date Commission Expires: 11/27/08

KCC Office Use ONLY
YES Letter of Confidentiality Received
If Denied, Yes Date: _____
NO Wireline Log Received
NO Geologist Report Received
NO UIC Distribution


LUCRETIA A. MORRIS
Notary Public
State of Oklahoma
Commission # 00018352 Expires 11/27/08

Operator Name: Chesapeake Operating, Inc. Lease Name: Perkins Well #: B 1-32
 Sec. 32S Twp. 33 S. R. 42 East West County: Morton

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)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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CASING RECORD <input 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	# Sacks Used	Type and Percent Additives
N/C							

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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
	CIBP set at 4,296' with 2 sx cmt.		
4 JSPF	Marmaton 3,907'-3,912'; 4,122'-4,126'	1000 g 15% NEFE	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	4,211'		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
05/14/2006		<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	85	2		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____