

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM ORIGINAL
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: ONEOK
Operator Contact Person: Jim Reisch, Barbara Bale
Phone: (405) 848-8000
Contractor: Name: Murfin Drilling
License: 30606
Wellsite Geologist: Wes Hansen
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____
11/07/04 11/14/04 01/20/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15-097-21549-00-00
County: Kiowa
NW NW SE NE
SW SW NE NE Sec. 23 Twp. 30 S. R. 17 East West
1250-1525 feet from S (circle one) Line of Section
1250 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Runnymede B Well # 2-23
Field Name: Click
Producing Formation: Mississippian
Elevation: Ground: 2060 Kelly Bushing: 2081
Total Depth: 5200 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 589 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.

Drilling Fluid Management Plan Air 1 NCK 7-22-08
(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.: _____

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APR 11 2005

CONSERVATION DIVISION
WICHITA, KS

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 J. Bale for Jim Reisch
Jim Reisch
Title: Asset Manager Date: 04/07/05
Subscribed and sworn to before me this 8th day of April,
2005.
Notary Public: Joanne Thompson
Date Commission Expires: _____

JOANNE THOMPSON
Oklahoma County
Notary Public in and for
State of Oklahoma
Commission # 02015846 Expires 10/11/06

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: 5-18-2005
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Chesapeake Operating, Inc. Lease Name: Runnymede B Well #: 2-23
 Sec. 23 Twp. 30 S. 17 E. East West County: Kiowa

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: DIL, CNLFDC/ML	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Heebner</td> <td>4109</td> <td>-2029</td> </tr> <tr> <td>Lansing</td> <td>4294</td> <td>-2214</td> </tr> <tr> <td>Marmaton</td> <td>4763</td> <td>-2683</td> </tr> <tr> <td>Cherokee Shale</td> <td>4848</td> <td>-2768</td> </tr> <tr> <td>Mississippina Chat</td> <td>4933</td> <td>-2853</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Heebner	4109	-2029	Lansing	4294	-2214	Marmaton	4763	-2683	Cherokee Shale	4848	-2768	Mississippina Chat	4933	-2853
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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	# Sacs Used	Type and Percent Additives
Surface	12-1/4	8-5/8	24#	589	C Poz	200	1/4# FloSeal
					Cl. C	125	
Prod.	7-7/8	4-1/2	11.6#	5200	Cl. H	325	

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
	4932-36'; 4940-46'; 4950-60'	2000g 20% HCL	
		295 bbl gel +436293ft3 N2	
		31000# Sand	

TUBING RECORD	Size 2-3/8"	Set At 4977	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 01/20/05		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 16	Water Bbls. 11	Gas-Oil Ratio NA

Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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ALLIED CEMENTING CO., INC.

18131

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge

DATE <i>11-7-04</i>	SEC. <i>23</i>	TWP. <i>30s</i>	RANGE <i>17w</i>	CALLED OUT <i>3:00 PM</i>	ON LOCATION <i>4:00 PM</i>	JOB START <i>7:30 PM</i>	JOB FINISH <i>8:00 PM</i>
LEASE <i>Rummy Madder</i> WELL # <i>D-2-23</i>			LOCATION <i>Belvidere Ks, 4s,</i>		COUNTY <i>Kiowa</i>	STATE <i>Ks.</i>	
OLD OR NEW (Circle one) <u>NEW</u>			To Cattle Guard 1 1/2 w into				

CONTRACTOR *Murfin #21*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *590'*

CASING SIZE *8 7/8 x 2 1/4* DEPTH *594'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *550* MINIMUM _____

MEAS. LINE _____ SHOE JOINT *44*

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT *35 1/2 Bbls Freshwater*

EQUIPMENT _____

OWNER *Chesapeake Operating Co.*

CEMENT AMOUNT ORDERED

200 SK 65:35:6+3%CC + 1/4" Flo-seal

1.25 Class C 2%CC

COMMON <i>C. 125 SX</i>	@	<i>10.65</i>	<i>1331.25</i>
POZMIX _____	@	_____	_____
GEL _____	@	_____	_____
CHLORIDE <i>10 SX</i>	@	<i>30.00</i>	<i>300.00</i>
ASC _____	@	_____	_____
<i>ALW 200 SK</i>	@	<i>8.15</i>	<i>1630.00</i>
<i>Flo-seal 50#</i>	@	<i>1.40</i>	<i>70.00</i>
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
HANDLING <i>348</i>	@	<i>1.25</i>	<i>435.00</i>
MILEAGE <i>35 x .05 x 348</i>	@	_____	<i>609.00</i>
TOTAL			<i>4375.25</i>

REMARKS:

Run casing drop ball + Break circulation
mix 200 SK ALW + 125 SK C + 2%CC
Release plug Displace with 35 1/2 Bbls water
Bump plug
+ Flood + Hold
circulate 40 SK to pit

SERVICE

DEPTH OF JOB <i>594'</i>		
PUMP TRUCK CHARGE		<i>570.00</i>
EXTRA FOOTAGE <i>244</i>	@	<i>50 147.00</i>
MILEAGE <i>35</i>	@	<i>4.00 140.00</i>
_____	@	_____
_____	@	_____

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TOTAL *857.00*

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WICHITA, KS

PLUG & FLOAT EQUIPMENT

MANIFOLD <i>1-8 7/8 TRP</i>	@	<i>100.00</i>	<i>100.00</i>
<i>1-8 7/8 AFU Insert</i>	@	<i>242.00</i>	<i>242.00</i>
<i>1-4 1/2" Reg Guide shoe</i>	@	<i>100.00</i>	<i>100.00</i>
<i>1-4 1/2" Bit saver collar</i>	@	<i>255.00</i>	<i>255.00</i>
<i>15-4 1/2" Turbo centralizer</i>	@	<i>40.00</i>	<i>600.00</i>
TOTAL			<i>1297.00</i>

CHARGE TO: *Chesapeake Oper, Co.*

STREET _____
CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE *Walt Proctor*

PRINTED NAME

[Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., INC.

17337

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: MEDICINE LODGE

DATE: <u>11-14-04</u>	SEC: <u>23</u>	TWP: <u>30s</u>	RANGE: <u>17W</u>	CALLED OUT: <u>12:00 AM</u>	ON LOCATION: <u>1:15 PM</u>	JOB START: <u>2:00 PM</u>	JOB FINISH: <u>3:00 PM</u>
LEASE: <u>RUNNYMEDE</u>	WELI: <u>2-23</u>	LOCATION: <u>BELVIDERE # 5/W</u>		COUNTY: <u>KIOWA</u>	STATE: <u>KANSAS</u>		
OLD OR NEW (Circle one)		<u>1 1/4 N TO LOC.</u>					

CONTRACTOR MURFIN #21 OWNER CHESAPEAKE OPERATING

TYPE OF JOB PROD. CASING

HOLE SIZE 7 7/8" T.D. 5200'

CASING SIZE 4 1/2" 11.6# DEPTH 5200'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1850* MINIMUM _____

MEAS. LINE _____ SHOE JOINT 42.09'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 8 1/2 BBLs. 4% KCL

EQUIPMENT

PUMP TRUCK CEMENTER KEVIN BRUNBARDT

368-265 HELPER MIKE RUCKER

BULK TRUCK

381-290 DRIVER JARON REEVES

BULK TRUCK

_____ DRIVER _____

CEMENT

AMOUNT ORDERED 350# CLASS A + 10% SALT
+ 10% GUP-SEAL + 6# KOL-SEAL + 8% FL-160
16 GALS CLAPRO

COMMON H	350	@	9.30	3255.00
POZMIX		@		
GEL		@		
CHLORIDE		@		
ASC		@		
GUP-SEAL	33	@	17.85	589.05
FL-160	264*	@	8.00	2112.00
SALT	38	@	7.50	285.00
KOL-SEAL	2100*	@	.50	1050.00
CLAPRO	16 GAL	@	22.90	366.40
HANDLING	468	@	1.25	585.00
MILEAGE	468 x 35	@	.05	819.00
TOTAL				9061.45

REMARKS:

RUN 5 BBL WATER, 500 GALS CAUSTIC
WATER, 5 BBL WATER, PLUG RAT
HOLES 15' & MOUSE HOLE 10' - PUMP
325# H + 10% GUP-SEAL + 10% SALT + 6#
KOL-SEAL + 8% FL-160, WASH PUMP & LINES
DISPLACE PLUG TO 5168' WITH 8 1/2
BBLs 4% KCL WATER TO 1850*
RELEASE PRESSURE & FLOAT WELD

CHARGE TO: CHESAPEAKE OPERATING

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	5200'		
PUMP TRUCK CHARGE			1340.00
EXTRA FOOTAGE		@	
MILEAGE	35	@	4.00 140.00
TOTAL 1480.00			

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PLUG & FLOAT EQUIPMENT

MANIFOLD		@		
4 1/2" TRP		@	48.00	48.00
8 5/8" AFU INSERT		@	242.00	242.00
8 5/8" BASKET		@	180.00	180.00
3 - 8 5/8" CENTRAL SEALS		@	33.00	99.00
TOTAL 569.00				

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE: X [Signature]

PRINTED NAME _____