

CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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: \_\_\_\_\_  
 Operator Contact Person: Jim Reisch, Aletha Dewbre  
 Phone: (405) 848-8000  
 Contractor Name: \_\_\_\_\_  
 License: \_\_\_\_\_  
 Wellsite Geologist: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Well Name: \_\_\_\_\_  
 Original Comp. Date: 5/29/1980 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. \_\_\_\_\_  

<u>5/07/1980</u>	<u>5/10/1980</u>	<u>6/16/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

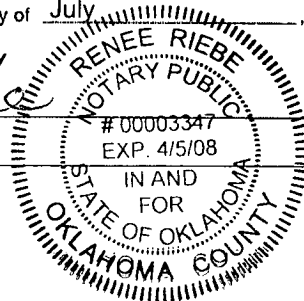
RECEIVED  
 KANSAS CORPORATION COMMISSION  
 JUL 18 2006  
 CONSERVATION DIVISION  
 WICHITA, KS

API No. 15 - 007-20827-00-02  
 County: Barber  
 \_\_\_\_\_ W/2 SW Sec. 6 Twp. 30 S. R. 11  East  West  
1320 feet from S / N (circle one) Line of Section  
330 feet from E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Jewell Well #: A 1-6  
 Field Name: Isabell  
 Producing Formation: Indian Cave  
 Elevation: Ground: 1,842' Kelly Bushing: 1,847'  
 Total Depth: 2,840' Plug Back Total Depth: 2,806'  
 Amount of Surface Pipe Set and Cemented at 251' Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from \_\_\_\_\_  
 feet depth to Alt I - Dlg - 9/11/08 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: \_\_\_\_\_  
 Title: Asset Manager Date: July 14, 2006  
 Subscribed and sworn to before me this 14th day of July,  
2006.  
 Notary Public: Renee Reiche  
 Date Commission Expires: 4-5-08



**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: Chesapeake Operating, Inc. Lease Name: Jewell Well #: A 1-6  
 Sec. 6 Twp. 30 S. R. 11  East  West County: Barber

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Ft Riley 2154 Cottonwood 2486 Red Eagle 2616 Indian Cave 2734 Woodsiding 2798
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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
Surface		8 5/8"	24#	251		225	
Production		4 1/2"	10.5#	2,839		150	

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
4 SPF	2309'-2312'	Acidize w/500 gal. 15% NEFE	
4 SPF	2316'-2318'		
4 SPF	2618'-2624'	Acidize w/500 gal. 15% NEFE	

<b>TUBING RECORD</b>		Size 2 3/8"	Set At 2,778'	Packer At 2640'	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 6/22/2006		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
		12	28		

Disposition of Gas      **METHOD OF COMPLETION**      Production Interval

Vented    Sold    Used on Lease     
  Open Hole    Perf.    Dually Comp.    Commingled  
*(If vented, Submit ACO-18.)*     
  Other (Specify) \_\_\_\_\_



# (ACID)

0913

Russell, KS  
785-483-2627

P. O. Box 31  
Russell, Kansas 67665

Medicine Lodge, KS  
620-886-5926

48-0727860

Station <i>Medicine Lodge, KS</i>	Customer Order or P. O. Number	Date <i>6-19-06</i>
Owner <i>Chesapeake</i>	Lease <i>Jewel</i>	Well <i>A1-1</i>
Location <i>Toole, KS, 1 1/2 W</i>	Section <i>6</i>	Township <i>30S</i>
	Range <i>11 W</i>	Formation
		County <i>Barber</i>
		State <i>KS</i>
Contractor <i>Superior Seining Inc</i>		

	WELL DATA				PERFORATIONS		TREATMENT	
	SIZE	WEIGHT	DEPTH	VOLUME	SHOTS FT.	Max. Pressure	Min. Pressure	
TUBING	<i>2 7/8</i>	<i>8000</i>	<i>2068</i>	<i>9.8</i>	From to	<i>330</i>	<i>25</i>	
CASING					From to	Avg. Inf. Rate	<i>1.5</i>	
ANNULUS					From to	Avg. TrT Pressure	<i>350</i>	
OPEN HOLE					From to	Total Fluid Pumped	<i>21</i> Bbls.	

To: Allied Cementing Company, Inc. (ACID)  
You are hereby request to rent acidizing equipment to do work as listed.

Charge To *Chesapeake*

Street  
City  
State

The above order was done to satisfaction and under supervision of owner, agent or contractor.

### EQUIPMENT AND PERSONNEL

*Dustin Loyd* 388

*Denny Snyder* Service Engineer

**TREATMENT INSTRUCTIONS**  
The signee hereby requests ALLIED CEMENTING COMPANY, INC. (ACID) to furnish equipment, servicemen, and materials for servicing the above well under his supervision as follows:

As consideration, the above names (well owner or contractor) agree to: (a) to pay you in accordance with your current price schedule; (b) Allied Cementing Company, Inc. (ACID) shall not be liable for damage to property of well owner and/or customer unless caused by its willful negligence. This provision applies but not limited to subsurface damage and surface damage arising from subsurface damage. Well owner and/or customer shall be responsible for and secure Allied Cementing Company, Inc. (ACID) against any liability for reservoir loss or damage, or property damage arising from a well blowout, unless such loss or damage is caused by willful negligence of Allied Cementing Company, Inc. (ACID). If equipment or instruments of Allied Cementing Company, Inc. (ACID) are lost or damaged at the well, well owner and/or customer shall either recover the same or pay for such equipment or instruments unless, however, such loss or damage is caused by the negligence of Allied Cementing Company, Inc. (ACID); (c) that you make no guarantee of the effectiveness of the materials to be used or the results of treatments; and (d) that you will not be bound by any representation or agreement not herein contained. It is understood you will pay wages (and payroll taxes and withholding thereon) and comply with workmen's compensation status applicable to servicemen you furnish.

### TREATMENT LOG

TIME A.M./P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	PUMPED PER TIME PERIOD	INJECTION RATE	EXPLANATION
	TBG	CSG					
<i>3:25</i>	<i>1500</i>	<i>2</i>	<i>6 1/2</i>			<i>2 1/2</i>	<i>Pressure up Packer</i>
<i>4:00</i>	<i>2</i>		<i>4</i>		<i>4</i>	<i>2 1/2</i>	<i>Well &amp; Released</i>
<i>4:01</i>	<i>350</i>		<i>4.5</i>		<i>1.5</i>	<i>1</i>	<i>Zone Hole</i>
<i>4:03</i>	<i>500</i>		<i>5</i>		<i>1.5</i>	<i>1</i>	<i>Pressure up</i>
<i>4:04</i>	<i>550</i>		<i>5.5</i>		<i>1.5</i>	<i>1</i>	<i>Pressure up</i>
<i>4:05</i>	<i>555</i>		<i>21</i>		<i>9</i>	<i>2</i>	<i>Break of SCD</i>
							<i>Increase Rate on Flush 2% KCl</i>
							<i>Shutdown</i>
<i>4:09</i>	<i>350</i>	<i>2</i>					<i>ISIP 350</i>
<i>4:14</i>	<i>300</i>	<i>2</i>					<i>5 min</i>
<i>4:19</i>	<i>300</i>	<i>2</i>					<i>10 min</i>
<i>4:24</i>	<i>300</i>	<i>2</i>					<i>15 min</i>

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Price Reference	Materials Used	Amount	Unit Price	Total Cost
	<i>0-2500 PSI Pump</i>	<i>1</i>	<i>600.00</i>	<i>600.00</i>
	<i>Mileage</i>	<i>20</i>	<i>5.00</i>	<i>100.00</i>
	<i>15% KCl</i>	<i>500</i>	<i>1.40</i>	<i>700.00</i>
	<i>JCA-System</i>	<i>500</i>	<i>.26</i>	<i>130.00</i>
	<i>ACT-120</i>	<i>1</i>	<i>36.52</i>	<i>36.52</i>
	<i>KCl-120</i>	<i>1</i>	<i>24.58</i>	<i>24.58</i>

Sub-Total	<i>1,591.10</i>
Tax	
Total	

New Producer  Terms: 10% discount will be allowed  
 Old Producer  If paid in 30 days from invoice date.  
 Old Producer - New Zones   
 New BWD or Injection   
 Old BWD or Injection

**ANY APPLICABLE TAX  
WILL BE CHARGED  
UPON INVOICING**



Regulatory Department

July 17, 2006

**VIA UNITED PARCEL SERVICE**

Kansas Corporation Commission  
Conservation Division  
Finney State Office Building  
130 South Market, Room 2078  
Wichita, Kansas 67202

RECEIVED  
KANSAS CORPORATION COMMISSION  
JUL 18 2006  
CONSERVATION DIVISION  
WICHITA, KS

Re: Jewell A 1-6 Well  
6-30S-11W  
Stevens County, KS  
API #15-007-20827

Dear Sir or Madam:

Enclosed are the following documents in connection with the recompletion of the referenced well:

- a) ACO-1 (original and 2 copies); and,
- b) Cement Reports.

**We request that the information and logs remain CONFIDENTIAL for a period of one year.**

If additional information is required, please contact the undersigned at (405) 767-4775 or Jim Reisch at (405) 767-4078. **Any written correspondence regarding this well should be directed to my attention at the address below.**

Sincerely,

Aletha M. Dewbre  
Permitting Agent

**Enclosures**

xc (via e-mail): Garden City Field Office  
Jim Reisch  
Carol Fehrenbacher  
Pam Koscinski

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