

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

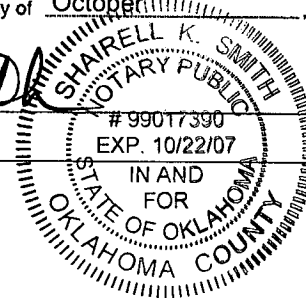
Operator: License # #32334
 Name: Chesapeake Operating, Inc.
 Address: P. O. Box 18496
 City/State/Zip: Oklahoma City, OK 73154-0496
 Purchaser: _____
 Operator Contact Person: Doug Howeth/Aletha Dewbre-King
 Phone: (405) 879-9375
 Contractor: Name: _____
 License: _____
 Wellsite Geologist: _____
 Designate Type of Completion:
 _____ New Well _____ Re-Entry XX Workover
XX Oil _____ SWD _____ SLOW _____ Temp. Abd.
XX Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: Chesapeake Operating, Inc.
 Well Name: Pierce 8-27
 Original Comp. Date: 4/09/2003 Original Total Depth: 5985'
 _____ 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. _____
 10/05/2007 10/05/2007
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date

API No. 15 - 15-033-21349-0001
 County: Comanche
SW SW NE Sec. 27 Twp. 32 S. R. 19 East West
2075 feet from S / (N) (circle one) Line of Section
2150 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: Pierce Well #: 8-27
 Field Name: Bird East
 Producing Formation: Altamont Lime
 Elevation: Ground: 1951' Kelly Bushing: 1962'
 Total Depth: _____ Plug Back Total Depth: 5,050'
 Amount of Surface Pipe Set and Cemented at _____ 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 Alt I NGR 1-12-09
 (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: Aletha Dewbre-King for Doug Howeth
 Title: Associate Asset Manager Date: 10/10/2007
 Subscribed and sworn to before me this 10 day of October
20 07
 Notary Public: Shairell Smith
 Date Commission Expires: 10/22/07



KCC Office Use ONLY

N Letter of Confidentiality Received
 if Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

RECEIVED
 KANSAS CORPORATION COMMISSION
 OCT 11 2007
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Chesapeake Operating, Inc. Lease Name: Pierce Well #: 8-27
 Sec. 27 Twp. 32 S. R. 19 East West County: Comanche

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 (Attach Additional Sheets) 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 type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|--|---|

| 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 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 |
| | | | | |
| | | | | |

| 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 | Altamont Lime (4,942' - 4,948') | 1,000 gallons of 15% NeFe Acid | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|--|------------------------|-----------------------|---|---------------------------|---|
| TUBING RECORD | | Size 2-7/8" | Set At 5,000' | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. | | | 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. 20 | Gas Mcf 20 | Water Bbls. 40 | Gas-Oil Ratio 1 | Gravity |

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

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

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