

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
October 2008  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 32334  
 Name: Chesapeake Operating, Inc.  
 Address 1: P.O. Box 18496  
 Address 2: 6100 N. Western Avenue  
 City: Oklahoma City State: OK Zip: 73154 + 0496  
 Contact Person: Weston Hamilton/Sarah Rodriguez  
 Phone: ( 405 ) 935-4594 / 405-935-7987  
 CONTRACTOR: License # \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Wellsite Geologist: \_\_\_\_\_  
 Purchaser: \_\_\_\_\_  
 Designate Type of Completion:  
 \_\_\_\_\_ New Well \_\_\_\_\_ Re-Entry  Workover  
 \_\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW  
 Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
 \_\_\_\_\_ CM (Coal Bed Methane) \_\_\_\_\_ Temp. Abd.  
 \_\_\_\_\_ Dry \_\_\_\_\_ Other \_\_\_\_\_  
 (Core, WSW, Expl., Cathodic, etc.)  
 If Workover/Re-entry: Old Well Info as follows:  
 Operator: Chesapeake Operating, Inc.  
 Well Name: Levens 2-10  
 Original Comp. Date: 12/28/2002 Original Total Depth: 2,955  
 \_\_\_\_\_ Deepening  Re-perf. \_\_\_\_\_ Conv. to Enhr. \_\_\_\_\_ Conv. to SWD  
 \_\_\_\_\_ Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 \_\_\_\_\_ Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
 \_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: \_\_\_\_\_  
11/22/2002 11/25/2002 12-7-09  
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 075-20799-00-01  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ N/2 \_\_\_\_\_ S/2 \_\_\_\_\_ SW Sec. 10 Twp. 21 S. R. 40  East  West  
990 Feet from  North /  South Line of Section  
1,320 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Hamilton  
 Lease Name: Levens Well #: 2-10  
 Field Name: Bradshaw  
 Producing Formation: Winfield & Towanda  
 Elevation: Ground: 3,543 Kelly Bushing: 3,548  
 Total Depth: 2,955 Plug Back Total Depth: 2,953  
 Amount of Surface Pipe Set and Cemented at: 338 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from: 2,955  
 feet depth to: 36 w/ 660 <sup>sq cm</sup>  
100-118-7/12/10

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
 Dewatering method used: RECEIVED  
 Location of fluid disposal if hauled offsite: FEB 05 2010  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: KCC WICHITA  
 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: Weston Hamilton  
Digitally signed by Weston Hamilton  
 DN: cn=Weston Hamilton, o=Chesapeake Operating, ou=Operations, email=weston.hamilton@co.com, c=US

Title: Production Engineer Date: 2/4/2010

Subscribed and sworn to before me this 4th day of February

20 10  
 Notary Public: Christy Samuels

Date Commission Expires: 8/28/12

**KCC Office Use ONLY**

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



Operator Name: Chesapeake Operating, Inc. Lease Name: Levens Well #: 2-10  
 Sec. 10 Twp. 21 S. R. 40  East  West County: Hamilton

**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 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
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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	12-1/4"	8-5/8"	24#	338		200	
Production	7-7/8"	4-1/2"	10.5#	2,954		660	

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	Lower Towanda - 2,845' - 2,855'	1,500 gal 15% NEFE Acid	
2	Upper Towanda- 2,821'-2,838'	<b>RECEIVED</b> <b>FEB 05 2010</b> <b>KCC WICHITA</b>	
2	Winfield- 2,789'-2,797'		

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>2,901</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed 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. _____ Gas Mcf _____ Water Bbls. _____	Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	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: <u>Winfield</u> <u>Towanda</u>
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Regulatory Department

February 4, 2010

**VIA UNITED PARCEL SERVICE**

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

Re: Levens 2-10  
10-21S-10W  
Hamilton County, KS  
API #075-20799

Dear Sir or Madam:

Enclosed are the original and two copies of form ACO-1 in connection with the recompletion of the referenced well.

If additional information is required, please contact me at the telephone number or e-mail address below or David Wiist at (405) 935-3906. Any written correspondence regarding this well should be directed to my attention at the address below.

Sincerely,

Chesapeake Operating, Inc.

A handwritten signature in cursive script, appearing to read "Sarah Rodriguez".

Sarah Rodriguez  
Regulatory Analyst

Enclosures

RECEIVED  
FEB 05 2010  
KCC WICHITA

**LOG-TECH OF KANSAS, INC.**

86 SW 10 AVE.  
 GREAT BEND, KANSAS 67530  
 (620) 792-2167

INVOICE

**5909**

Date 12-7-09

CHARGE TO: Chesapeake Operating, Inc  
 ADDRESS \_\_\_\_\_  
 R/A SOURCE NO. \_\_\_\_\_ CUSTOMER ORDER NO. \_\_\_\_\_  
 LEASE AND WELL NO. Levens #2-10 FIELD Bradshaw  
 NEAREST TOWN \_\_\_\_\_ COUNTY Hamilton STATE KS  
 SPOT LOCATION 1250' FSLT 1320' FWL SEC. 10 TWP. 21 S RANGE 40 W  
 ZERO 5' AGL CASING SIZE 4 1/2 WEIGHT \_\_\_\_\_  
 CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH 2953 FLUID LEVEL \_\_\_\_\_  
 ENGINEER Lee Burtz OPERATOR Rob Pelot

PERFORATING				
Description	No. Shots	From	Depth To	Amount
<u>Owen 3375-311 NT Slick Gun</u>	<u>40</u>	<u>2845</u>	<u>2855</u>	

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Chance Ray / CCL</u>	<u>0</u>	<u>2900</u>	<u>2900</u>		
	<u>2900</u>	<u>2750</u>	<u>MJN</u>		

**RECEIVED**  
 JAN 11 2010  
**IMAGING**

**RECEIVED**  
 FEB 05 2010  
 KCC WICHITA

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	<u>1</u>	

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

..... Sub Total  
 Code Ref. .... Tool Insurance  
 ..... Tax

Dennis D. [Signature] 12-7-09  
 Customer Signature Date

**HEAT WAVES HOT OIL SERVICE, LLC**

Acidizing, Hot Oiling, Water Hauling, Frac Heating

PO BOX 60460  
 COLORADO SPRINGS, CO 80960

Phone: 719-867-9015 Fax: 719-867-9912

**INVOICE**

DATE	INVOICE #
12/7/2009	107221

<b>BILL TO</b>
<b>CHESAPEAKE OPERATING INC</b>
<b>ACCOUNTS PAYABLE</b>
<b>PO BOX 548806</b>
<b>OKLAHOMA CITY, OK 73154</b>

<b>SEND ALL PAYMENTS TO:</b>
<b>Heat Waves Hot Oil Service, LLC</b>
<b>P.O. Box 52163</b>
<b>MSC 420</b>
<b>Phoenix, AZ 85072-2163</b>

<b>TERMS</b>	<b>REQUEST BY</b>	<b>LEASE</b>	<b>LEASE</b>
Net 30	DENNIS	LEVENS 2-10	

SVC DT	ITEM	QNTY	DESCRIPTION	RATE	TRUCK	TICKET	AMOUNT
12/7/2009	HCL 15%N	2,000	GALLONS-HCL 15%N		09-ACID	38010	
	S 3000	20	GALLONS-S 3000		09-ACID	38010	
	LST 59K	12	GALLONS-LST 59K		09-ACID	38010	
	AR 630	8	GALLONS-AR 630		09-ACID	38010	
	FE NO	2	GALLONS-FE NO		09-ACID	38010	
	AI 150	2	GALLONS-AI 150		09-ACID	38010	
	KCL 2% N	20	BBLS-KCL 2%N		09-ACID	38010	
	PUMP FEE	1	PER USE		09-ACID	38010	
	ACIDIZE	10	HOURS - ACIDIZED WELL		09-ACID	38010	
			Sales Tax				

RECEIVED  
 DEC 22 2009  
 IMAGING

RECEIVED  
 FEB 05 2010  
 KCC WICHITA

<b>TOTAL</b>
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