FORM MUST BE TYPED

SIDE ONE

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 32334

Name: Chesapeake Operating, Inc.

Address P. O. Box 18496

City/State/Zip Okla. City, OK 73154-0496

Purchaser: NA

Operator Contact Person: Jim Gowens

Phone (405) 848-8000

Contractor: Name: Murfin Drilling #22

License: 30606

Wellsite Geologist: D. Hickman

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SEP 24 1999
CONSERVATION DIVISION
Wichita, Kansas

Designate Type of Completion
X New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOW X Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back _____ PBTD
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Inj?) Docket No. _____

04/28/99 | 05/06/99 | T.A.
Spud Date | Date Reached TD | Completion Date

API NO. 15-119-21000-0000

County Meade

__ - __ - S/2 - NE Sec. 14 Twp. 35S Rge. 26 X E W

330 Feet from (S)/N (circle one) Line of Section

1320 Feet from (E)/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)

Lease Name LOYD Well # 1-14

Field Name Crooked Creek

Producing Formation NA

Elevation: Ground 2251' KB 2262'

Total Depth 6375' PBTD _____

Amount of Surface Pipe Set and Cemented at 1010 Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set NA Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan A1+I 7-6-00 UC
(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 Rng. _____ E/W

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 on 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 Barbara J Bale

Title Regulatory Analyst Date 07/20/99

Subscribed and sworn to before me this 17th day of September 19 99.

Notary Public Joan E. Fair

Date Commission Expires My Commission Expires July 22, 2000

K.C.C. OFFICE USE ONLY 9-28-99 DRW
Denied
F ____ Letter of Confidentiality Attached
C ____ Wireline Log Received
C ____ Geologist Report Received

Distribution
____ KCC ____ SWD/Rep ____ NGPA
____ KGS ____ Plug ____ Other (Specify)

Form ACO-1 (7-91)

SIDE TWO

Operator Name Chesapeake Operating, Inc. Lease Name LOYD Well # 1-14

Sec. 14 Twp. 35S Rge. 26 ☐ East ☒ West County Meade

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.) ☐ Yes ☒ No

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run (Submit Copy.) ☒ Yes ☐ No

List All E.Logs Run:
Halliburton SDL/DSN/MRIL/Microlog/HRI

☒ Log Formation (Top), Depth and Datums ☐ Sample

Name	Top	Datum
Heebner Shale	4575	-2313
Lansing	4748	-2480
Stark Shale	5322	-3060
Cherokee Shale	5668	-3406
Atoka Shale	5862	-3600
Morrow Shale	6005	-3743
Chester R	6083	-3821

CASING RECORD ☒ New ☐ 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	24.0#	1010'	Lite Premium	365 325	
Production	7-7/8"	4-1/2"	11.6#	6374'	Premium	400	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Depth Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD ___ 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
2	6254-6264'	Acidize 1000 gal 15% NE-FE, frac 2/2000 gal acid + 2976 bbl wtr & 15,700 # Sand	
2	5362-5368'	Acidize 500 gal 15% NE-FE	
2	3283-3288'; 3147-3152'; 2956-2964';	Acidize w/750 gal 15% FE	
	BP @ 6210' & 5320"		

TUBING RECORD	Size	Set At	Packer At	Liner Run
NA				☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj. NA

Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	NA	NW		

Disposition of Gas: METHOD OF COMPLETION NA Production Interval

☐ Vented ☐ Sold ☐ Used on Lease (If vented, submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled

☐ Other (Specify) _____

JOB SUMMARY 4239-1

57360 ORIGINAL 4-29-99

REGION: North America	NWA/COUNTRY: MidCont USA.	BDA / STATE: KS	COUNTY: Meade
MBU ID / EMP #: MCL10110 106328	EMPLOYEE NAME: Nick Kerbe	PSL DEPARTMENT: 21	
LOCATION: Liberal	COMPANY: Chesapeake Oper.	CUSTOMER REP / PHONE: Buddy Novak	
TICKET AMOUNT: $8,002.44	WELL TYPE: 02	API / UWI #:	
WELL LOCATION: 25,5 2 w of Englewood	DEPARTMENT: Cement	JOB PURPOSE CODE: 010	
LEASE / WELL #: 1-14-Loyd	SEC / TWP / RNG: 14-35S-26W		

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
K. Kerbe 106328	11½						
Temlinson 106121	11½						
Vasquez 106108	6						
Anderson 105915	4+2						

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
21270	176						
74219/78289	176						
74116/ 6611	225						
73335/ 6010	225						

Form Name _____ Type: _____
Form Thickness _____ From _____ To _____
Packer Type _____ Set At _____
Bottom Hole Temp. _____ Pressure _____
Misc. Data _____ Total Depth _____

	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE	4-29-99	4-29-99	4-29-99	4-29-99
TIME	0415	0830	1145	1830

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar Insert	1	H
Float Shoe Fill tube	1	H
Guide Shoe Reg	1	HC
Centralizers 5-4	3	HC
Bottom Plug		C
Top Plug 5-W	1	C
Head		C
Packer		
Other		

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	24#	8⅝	0	1015	2000
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid _____ Density _____ Lb/Gal
Disp. Fluid _____ Density _____ Lb/Gal
Prop. Type _____ Size _____ Lb. _____
Prop. Type _____ Size _____ Lb. _____
Acid Type _____ Gal. _____ % _____
Acid Type _____ Gal. _____ % _____
Surfactant _____ Gal. _____ In _____
NE Agent _____ Gal. _____ In _____
Fluid Loss _____ Gal/Lb _____ In _____
Gelling Agent _____ Gal/Lb _____ In _____
Fric. Red. _____ Gal/Lb _____ In _____
Breaker _____ Gal/Lb _____ In _____
Blocking Agent _____ Gal/Lb _____
Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

HOURS ON LOCATION

DATE	HOURS
4-29-99	11½ hr
TOTAL	11½ hr

OPERATING HOURS

DATE	HOURS
4-29-99	1 hr
TOTAL	1 hr

DESCRIPTION OF JOB

010
surface pipe + Report

HYDRAULIC HORSEPOWER
ORDERED _____ Avail. _____ Used _____
AVERAGE RATES IN BPM
TREATED _____ Disp. _____ Overall _____
CEMENT LEFT IN PIPE
FEET 45' Reason shjt.

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
Lead	365	HLC (H)	B	2% CC, ¼# Flocele	1.82	12.8
Tail	135	Prem (C)	B	2% CC, ¼# Flocele	1.32	14.8
2nd	190	Prem (H)	B	2% CC.	1.06	16.4

Circulating _____ Displacement _____ Preflush: _____ Gal - BBl _____ Type _____
Breakdown _____ Maximum _____ Load & Bkdn: _____ Gal - BBl _____ Pad: BBl - Gal _____
Average _____ Frac Gradient _____ Treatment _____ Gal - BBl _____ Disp: BBl - Gal 62
Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr _____ Gal - BBl _____
Total Volume _____ Gal - BBl _____

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KANSAS CORPORATION COMMISSION
SEP 24 1999
CONSERVATION DIVISION
Wichita, Kansas

Frac Ring #1 | Frac Ring #2 | Frac Ring #3 | Frac Ring #4

THE INFORMATION STATED HEREIN IS CORRECT | CUSTOMER'S REPRESENTATIVE SIGNATURE

JOB SUMMARY 4239-1

63612 5-8-99

REGION	NWA/COUNTRY	BDA / STATE	COUNTY
North America	Mid Con USA.	Ks	Meade

ABU ID / EMP #	EMPLOYEE NAME	PSL DEPARTMENT
MCL10110 106328	Nick Korbe	21

LOCATION	COMPANY	CUSTOMER REP / PHONE
Liberal	Chesapeake Oper	Kenneth Wise

TICKET AMOUNT	WELL TYPE	API / UWI #
$ 10,227.35	02	

WELL LOCATION	DEPARTMENT	JOB PURPOSE CODE
1st Eaglewood	Cement	035

LEASE / WELL #	SEC / TWP / RNG
Loyd 1-14	14 - 35S - 26W

ORIGINAL

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
1. Korbe 106328	9½						
2. Tomlinson 106121	8						
3. Ferguson 106159	8						

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
421270	175						
74219/78299	250						
74029/6610	225						

Form Name _____ Type: _____
Form Thickness _____ From _____ To _____
Packer Type _____ Set At _____
Bottom Hole Temp. _____ Pressure _____
Misc. Data _____ Total Depth

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE	5-8-99	5-8-99	5-8-99	5-8-99
TIME	0930	1300/1430	2030	2130

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
~~Float Collar~~ insert	1	H
~~Float Shoe~~ fillrite	1	
Guide Shoe reg	1	H
Centralizers FM	15	H
Bottom Plug		
Top Plug 5-W	1	H
Head Basket	2	H
Packer Port Collar	1	
Other		

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	11.6	4½	0	6371	2000
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid _____ Density _____ Lb/Gal
Disp. Fluid _____ Density _____ Lb/Gal
Prop. Type _____ Size _____ Lb. _____
Prop. Type _____ Size _____ Lb. _____
Acid Type _____ Gal. _____ % _____
Acid Type _____ Gal. _____ % _____
Surfactant _____ Gal. _____ In _____
NE Agent _____ Gal. _____ In _____
Fluid Loss _____ Gal/Lb _____ In _____
Gelling Agent _____ Gal/Lb _____ In _____
Fric. Red. _____ Gal/Lb _____ In _____
Breaker _____ Gal/Lb _____ In _____
Blocking Agent _____ Gal/Lb _____
Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

HOURS ON LOCATION

DATE	HOURS
5-8-99	8 hr
TOTAL	8 hr

OPERATING HOURS

DATE	HOURS
5-8-99	1 hrs
TOTAL	1 hrs

DESCRIPTION OF JOB

035
long string P.C.
Float did not
hold shut in
at 1100 PSI

HYDRAULIC HORSEPOWER
ORDERED _____ Avail. _____ Used _____
AVERAGE RATES IN BPM
TREATED _____ Disp. _____ Overall _____
CEMENT LEFT IN PIPE
FEET 45 Reason sh. jt.

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	400	Prem	B	6% calseal, 10% salt, 2.5# Gilsonite	1.53	14.8

Circulating _____ Displacement _____ Preflush: _____ Gal - BBl _____ Type _____
Breakdown _____ Maximum _____ Load & Bkdn: _____ Gal - BBl _____ Pad: BBl - Gal _____
Average _____ Frac Gradient _____ Treatment _____ Gal - BBl _____ Disp: BBl - Gal 98
Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr _____ Gal - BBl 104
Total Volume _____ Gal - BBl _____

RELEASED
STATE CORPORATION COMMISSION
OCT 24 1999

Frac Ring #1 | Frac Ring #2 | Frac Ring #3 | Frac Ring #4

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE Kenneth Wise

CONSERVATION DIVISION
Wichita, Kansas