

CONFIDENTIAL

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
Oklahoma City, OK 73154-0496
City/State/Zip Oklahoma City, OK 73154-0496

Purchaser: GPM
Operator Contact Person: Randy Gasaway/Jim Gowens
Phone (405) 848-8000

Contractor: Name: Murfin Drilling *1-13-00*
License: 30606
Wellsite Geologist: David Hickman

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SMD SLOW Temp Abd
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SMD _____
Plug Back _____ PBDT _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SMD or Inj?) _____ Docket No. _____
10/11/99 10/19/99 11/10/99
Spud Date Date Reached TD Completion Date

API NO. 15- 025-2119100-00
County Clark
-80' N N/2 NW Sec. 18 Twp. 35S Rge. 25 ^E _W

1240 Feet from S(N) (circle one) Line of Section
660 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 THEIS Well # 4-18
Field Name McKinney

Producing Formation Chester/Morrow

Elevation: Ground 2206' KB 2217'
Total Depth 6350' PBDT 6300'

Amount of Surface Pipe Set and Cemented at 781' 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 cm.

Drilling Fluid Management Plan A.H.T. No spud call
(Data must be collected from the Reserve Pit) 1-13-00 U.C.

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. _____

RECEIVED
STATE CORPORATION COMMISSION
Wichita, Kansas
JAN 13 2000

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FROM
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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
Title Regulatory Analyst Date 01/10/2000
Subscribed and sworn to before me this 10th day of January 19 00.
Notary Public Jerry Roderfus
Date Commission Expires 08-24-2000

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SMD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

SIDE TWO

Operator Name Chesapeake Operating, Inc Lease Name THEIS Well # 4-18
 East County Clark
18 Twp. 35S Rge. 25W West

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 more space is needed. Attach copy of log.

Yes No
 All Stem Tests Taken (Attach Additional Sheets.)
 Yes No
 Samples Sent to Geological Survey
 Yes No
 Cores Taken
 Yes No
 Electric Log Run (Submit Copy.)
 List All E.Logs Run:
 Reeves DIS, CNS/PDS

Name	Top	Datum
Heebner	4556	-2339
Lansing	4728	-2511
Stark Shale	5323	-3106
Marmaton	5444	-3227
Cherokee	5648	-3431
Morrow Shale	4978	-3761
Chester	6102	-3885

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In D.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	24#	775'	C1. C	502	
Production	7-7/8"	4-1/2"	11.6#	6330'	Premium	300	

ADDITIONAL CEMENTING/SQUEEZE RECORD

RELEASED

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				FROM CONFIDENTIAL

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	6216-25	1500 gal 15% HCL, 1500 bbls SW	
2	6116-22'; 6132-38'	1500 gal 15% HCL, 1500 bbls SW	
2	6027'-34'	525 bbls gelled Wtr, 34,000# 20/40 sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run				
		2-3/8", 4.7#	6,050'			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SMD or Inj.				Producing Method					
11/10/99				<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.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity	
	21		2,668		34		127,000:1	50	

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____