

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-081-21144-0000

LEASE NAME MLP Collingwood

WELL NUMBER 1-8

1980 Ft. from N Section Line

660 Ft. from E Section Line

SEC. 8 TWP. 29 RGE. 34W(E) or (W)

COUNTY Haskell

Date Well Completed 10/16/97

Plugging Commenced 05/07/03

Plugging Completed 05/07/03

RECEIVED
MAY 23 2003
KCC WICHITA
5-23-03

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Chesapeake Operating, Inc.

ADDRESS P. O. Box 18496, Oklahoma City, OK 73154-0496

PHONE# (405) 848-8000 OPERATORS LICENSE NO. 32334

Character of Well Oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 10/15/02 (date)

by David Williams (KCC District Agent's Name).

Is ACO-1 filed? Yes if not, is well log attached? _____

Producing Formation Lansing-KS City Depth to Top 4079 Bottom 4484 T.D. 5630

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8-5/8	1781	
				5-1/2	5626	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set. MIRU Allied, plug well down 5-1/2", pump 300# cottonseed hulls followed w/25 sx cmt, 38 bbls plugging mud & 150 sx cmt, pressure to 1000#, bleed down to 50#, hold, STW, tie onto 8-5/8" pump w/10 sx cmt, pressure to 350#. Rig down, well plugged, cut off csg, weld on 8-5/8" csg cap, level location, KCC rep. Jim Holland & consultant Tommye Disker on location

Name of Plugging Contractor Allied Cementing Co., Inc. License No. _____

Address P. O. Box 31, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Chesapeake Operating, Inc.

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Randy Gasaway (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) Randy Gasaway
Randy Gasaway
(Address) P.O. Box 18496, Okla. City, OK 73154-0496

SUBSCRIBED AND SWORN TO before me this 21st day of May, 2003

[Signature] Notary Public
My Commission Expires: 11/29/04



