OKLAHOMA CORPORATION COMMISSION
TO SEND THIS FORM TO THE OCC,
PLEASE USE THE APPROPRIATE DISTRICT
OFFICE ADDRESS (ON THE BACK OF THIS

Form 1003/1003C
Rev. 2017

TYPE OR USE BLACK INK

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO.	35-003-20966
OTC PROD. UNIT NO	003-73856
PLUGGING DATE	10/24/18

Well Name/No.	Elliot "B" #1						
Location	1/4	1/4	NW 1/4	NW 1/4	Sec 18	Twp 23N	Rge 11W
1980 Ft FSL of 1/4 Sec		670 Ft FWL of 1/4 Sec			County	Alfalfa	
Total Depth	7350'	Base of Treatable Water	410'		Well Classification	Oil	

Locate Well on Grid

OPERATOR

Name	Chesapeake Operating, Inc.			OTC/OCC No.	17441
Address	P.O. Box 18496			Phone	405-848-8000
City	OKC	State OK	Zip Code 73154	Email Addr.	lisa.morgan@chk.com

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8"	475'	None	Surface
			I.C.
			I.C.
4 1/2"	7350'	1986'	P.C.
			Liner

PERFORATION DEPTHS

Set 1-	From 6746'	To 6995'		
Set 2-	From 7001'	To 7094'		
Set 3-	From 7200'	To 7226'		
Set 3-	From	To		

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CIBP	4 1/2"	5000'	5 sks	1.2 bbls	4950'	
2	Cement	7 7/8"	1986'	50 sks	11.75 bbls	1886'	
3	Cement	8 5/8"	525'	100 sks	23.5 bbls	425'	493' (Low)
4	Cement	8 5/8"	493'	100 sks	23.5 bbls	393'	246'
5	Cement	8 5/8"	64'	20 sks	4.7 bbls	Surface	Surface

REMARKS

Tbg stuck. Cut & pull 2 3/8" from 5000' (161 jts). Set 4 1/2" CIBP @ 5000'. Circulate hole w/ 80 bbls mud & cap w/ 5 sks Class "C" cement up to 4950'. Cut & pull 4 1/2" csg from 1986' (63 jts). Spot 50 sks cement @ 1986'-1886'. Spot100 sks cement @ 525'-425'. WOC. Tag TOC @ 493' (low). Spot additional 100 sks cement @ 493'-393'. WOC. Tag TOC @ 246'. Top out 64'-4' w/ 20 sks cement.

Reason for Plugging Non-Economical

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per OCC instructions. The cementing was performed by me or under my direct supervision. I certify that all cementing data is true, correct and complete.

Signature	Date 11/1/18	Name and Title Typed or Printed	Jason Orr - Plugging Agent
Company Name	Orr Enterprises, Inc.		Permit No. 825
Address	P.O. Box 1706		Phone 580-251-9618
City	Duncan	State OK	Zip 73534-1706

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature Lisa Morgan	Date 11-2-18	Name and Title Typed or Printed Lisa Morgan, Regulatory Technician II

CORPORATION COMMISSION USE ONLY

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Signature of District Manager	Field Inspector Brandon Murry

RECEIVED
NOV 02 2018
OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE