OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
Rule 165: 10-3-25

Form 1003

PLUGGING RECORD

OAC 165:10-1-10

WELL INFORMATION

Plug Date: October 04, 2013

API No: 3510300242

Well #: 1 **Well Name:** WM WILL B (FOURDEE UNIT)

Operator: CHESAPEAKE OPERATING INC **Operator #:** 17441

Section: 20 **Township:** 22N **Range:** 1W **Meridian:** Indian

1/4: SE4 **1/4:** NW4 **1/4:** SE4 **1/4:**

Total Depth: 4986 **Base of Treatable: Water:** 150 **Well Classification:** OIL

CONTACT INFORMATION

Contact Name: Jamal Dameshfar **Telephone:** 5802231245

Address 1: 6100 N WESTERN AVE **Address 2:** PO BOX 18496

City: OKLAHOMA CITY **State:** OK **Zipcode:** 73154-0496 **Country:** US

Email Address: **Fax:**

PIPE RECORDS

String Name	Size	Run	Pulled
SURFACE	10.75	214	0
PRODUCTION	5.50	4908	506

PERFORATION DEPTHS

From Depth	To Depth
4776	4836

PLUGS

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	5.50	2250	75	750	2200	2200
CEM	5.50	550	35	100	450	450
CEM	10.75	314	170	314	3	3

Remarks: CASING WITH STUCK PACKER JUNKED IN HOLE @2435. SHOT 4 SQUEEZE HOLES @2400 AND SET CEM RTR @2200. SQUEEZED 75 SKS THRU RETAINER AND LEFT 2 SACKS CEMENT ON TOP OF RETAINER.

Reason For Plugging:

CEMENTER CERTIFICATION INFORMATION

Name: **Title:**

Company Name: QUALITY COMPLETIONS OF ARKANSAS, LLC DBA DOSCO, LLC **Permit No:** 881

Address 1: **Address 2:**

City: **State:** **Zipcode:** **Phone:** (405) 853-7170

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

Electronic Signature: CHESAPEAKE OPERATING INC