

PLUGGING RECORD

OAC 165:10-1-10

WELL INFORMATION

Plug Date: August 11, 2014

API No: 3514920139

Well #: 1-15

Well Name: OGLE

Operator: CHESAPEAKE OPERATING LLC

Operator #: 17441

Section: 15 **Township:** 11N **Range:** 18W **Meridian:** Indian

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

Total Depth: 17355 **Base of Treatable:** Water: 670 **Well Classification:** GAS

CONTACT INFORMATION

Contact Name: Jeffrey Bull

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

PERFORATION DEPTHS

| String Name | Size | Run | Pulled |
|-------------------|--------|-------|--------|
| SURFACE | 13 3/8 | 5172 | 0 |
| PRODUCTION CASING | 9.625 | 13744 | 3027 |
| LINER | 7.750 | 13325 | 0 |
| LINER | 5 | 17355 | 0 |

| From Depth | To Depth |
|------------|----------|
| 12658 | 12740 |

PLUGS

| Plug Type | Hole Size | Depth | No. Sacks of Cement | Slurry Volume | Calculated TOC | Top of Plug |
|-----------|-----------|-------|---------------------|---------------|----------------|-------------|
| CEM | 13 3/8 | 64 | 40 | 9 | 4 | 4 |
| CEM | 13 3/8 | 720 | 80 | 19 | 601 | 670 |
| CEM | 9.625 | 3073 | 100 | 24 | 2913 | 0 |
| CEM | 9.625 | 5278 | 150 | 35 | 5039 | 4998 |
| CIBP | 9.625 | 12008 | 3 | 1 | 12000 | 0 |

Remarks: CUT STUCK TBG @ 12,100', SET 9 5/8" CIBP, CAP W/3 SKS. RUN TBG & CIRC HOLE W/ MUD. WELD PULL SUB. CUT 9 5/8" @ 5278' & NOT FREE! FREE POINT CASING AT 3200'. CUT & PULL 9 5/8" CSG FROM 3027' (73 JTS) RUN TBG @ 5278' & SPOT 150 SKS CLASS "C" CEM. WOC. TAG TOC @ 4998'. SPOT 1-- SLS CE, (3073-2913). SPOT 80 SKS CEM (1046'-926'). SPOT 80 SKS CEM (720'-601'), TOP OUT 64' - 4' W/ 40 SKS CEMENT

Reason For Plugging: NON-ECONOMICAL

CEMENTER CERTIFICATION INFORMATION

Name:

Title:

Company Name: ORR ENTERPRISES, INC.

Permit No: 825

Address 1:

City: DUNCAN

Address 2: P.O. Box 1706

State: OK

Zipcode: 73534

Phone: (580) 251-9618

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 LLC