## OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000 Rule 165: 10-3-25

## **PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION** 

Plug Date: August 18, 2014

API No: 3513930208

Well Name: BASEY Well #: 2

Operator: CHESAPEAKE OPERATING LLC **Operator #: 17441** 

Section: 22 Township: 1N Range: 18E Meridian: Cimarron

> 1/4: 1/4: 1/4: NW4 **1/4**:

Total Depth: 0 Base of Treatable: Water: 0 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

PERFO	DRATION	<b>DEPTHS</b>

String Name	Size	Run	Pulled		From Depth	To Do
CONDUCTOR	8.625	1474	0		6859	
INTERMEDIATE CASING	4.5	5956	1535		,	
INTERMEDIATE CASING	4.5	7099	5800	1		

l	From Depth	To Depth
	6859	6873

## **PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	8.625	1528	80	17	1249	1510
CEM	8.625	1510	80	17	1228	1510
CEM	8.625	1510	75	16	1255	1255
CEM	8.625	511	30	7	401	401
CEM	8.625	30	35	8	4	4
CEM	4.5	6834	25	5	6834	6834
CIBP	4.5	6470	2	0	0	0

Remarks:

Reason For Plugging: UNECONOMICAL

## **CEMENTER CERTIFICATION INFORMATION**

Title: Name:

Company Name: ALLIED CEMENTING CO., INC Permit No: 781

Address 1: 281 HWY & LAKE CITY ROAD Address 2:

1 of 2 September 25, 2014

City: MEDICINE LODGE State: KS Zipcode: 67104 Phone: (316) 886-5926

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

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