

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: September 05, 2014**

**API No:** 3500720934

**Well #:** E001

**Well Name:** STATE

**Operator:** CHESAPEAKE OPERATING LLC

**Operator #:** 17441

**Section:** 16

**Township:** 5N

**Range:** 23E

**Meridian:** Cimarron

**1/4:**

**1/4:**

**CNE4 1/4:**

**NE4 1/4:**

**Total Depth:** 0

**Base of Treatable: Water:** 0

**Well Classification:** OIL

**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
INTERMEDIATE CASING	8.625	1476	0
PRODUCTION	4.5	6799	1927

From Depth	To Depth
6677	6691

**PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	8.625	1583	156	0	1600	1600
CEM	8.625	1583	80	0	1566	1566
CEM	8.625	1519	80	0	1373	1373
CEM	8.625	443	32	0	334	334
CEM	8.625	34	29	0	4	4

**Remarks:**

**Reason For Plugging:** UNECONOMICAL

**CEMENTER CERTIFICATION INFORMATION**

**Name:**

**Title:**

**Company Name:** ALLIED CEMENTING CO., INC

**Permit No:** 781

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

**Address 2:**

**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