## 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: January 15, 2015

**API No:** 3509324420

Well #: 1-1 Well Name: PANNELL

Operator: CHESAPEAKE OPERATING LLC Operator #: 17441

Section: 1 Township: 21N Range: 16W Meridian: Indian

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

| String Name | Size  | Run  | Pulled | From Depth | To Depth |
|-------------|-------|------|--------|------------|----------|
| SURFACE     | 9.625 | 1025 | 0      | 6889       | 9220     |
| PRODUCTION  | 5.5   | 9575 | 1254   |            |          |

## **PLUGS**

| Plug Type | Hole Size | Depth | No. Sacks of Cement | Slurry Volume | Calculated TOC | Top of Plug |
|-----------|-----------|-------|---------------------|---------------|----------------|-------------|
| CIBP      | 5.5       | 6695  | 2                   | 20            | 6675           | 6675        |
| CEM       | 7.875     | 1300  | 35                  | 100           | 1200           | 1200        |
| CEM       | 9.625     | 1125  | 115                 | 300           | 825            | 798         |
| CEM       | 9.625     | 560   | 40                  | 100           | 460            | 460         |
| CEM       | 9.625     | 34    | 15                  | 30            | 4              | 4           |

Remarks:

Reason For Plugging: UNECONOMICAL

## **CEMENTER CERTIFICATION INFORMATION**

Name: Title:

Company Name: QUALITY COMPLETIONS OF Permit No: 881

ARKANSAS, LLC DBA DOSCO, LLC

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.

February 12, 2015 1 of 2

Electronic Signature: CHESAPEAKE OPERATING LLC

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