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

API No.: 35	003219310004	Completion Report	Spud Date: January 25, 2009
OTC Prod.	Unit No.:		Drilling Finished Date: February 22, 2009
Amended			1st Prod Date:
			Completion Date: February 22, 2009
Amend Rea	ason: RECOMPLETION		Recomplete Date: March 12, 2016
Drill Type:	DIRECTIONAL HOLE		
	SERVICE WELL		
Well Name	DUTCH HARBOR SWD 1-14		Purchaser/Measurer:
Location:	ALFALFA 14 25N 12W SE SE SE 221 FSL 273 FEL of 1/4 SEC Derrick Elevation: 1364 Ground Elevation: 1348		First Sales Date:
Operator:	CHESAPEAKE OPERATING LLC 17441 PO BOX 18496 6100 N WESTERN AVE OKLAHOMA CITY, OK 73154-0496		

	Completion Type	Location Exception	Increased Density
Х	Single Zone	Order No	Order No
	Multiple Zone	There are no Location Exception records to display.	There are no Increased Density records to display.
	Commingled		

				С	asing and Cen	nent				
Т	Туре		Size	Weight	Grade	Grade Feet		PSI	SAX	Top of CMT
SUF	SURFACE		13 3/8	48	H-40	10	1000		885	SURFACE
PROD	PRODUCTION		9 5/8	36 / 40	HCK-55	74	7425		880	4300
					Liner					
Туре	Size	Weig	ght	Grade	Length	PSI	SAX	X Top Dept		Bottom Depth
				There are	no Liner record	ds to displa	ay.	•		•

Total Depth: 10112

Pa	cker	PI	ug
Depth	Brand & Type	Depth	Plug Type
6970	BAKER 194-60F	7250	CEMENT
7391	BAKER 194FA-75	7255	BP
		9694	CEMENT

				Initial Tes	t Data					
Test Date	Formation	Oil BBL/Day	Oil-Gravity (API)	Gas MCF/Day	Gas-Oil Ratio Cu FT/BBL	Water BBL/Day	Pumpin or Flowing	Initial Shut- In Pressure	Choke Size	Flow Tubing Pressure
			There are r	o Initial Data	a records to disp	olay.				
		Con	npletion and	Test Data I	by Producing F	ormation				
	Formation Name: SIMPS	SON		Code: 20	2SMPS	С	lass: DISP			
Spacing Orders					Perforated I	ntervals				
Orde	er No U	nit Size		From			То			
There a	re no Spacing Order records	to display.		7040 7150			50			
	Acid Volumes				Fracture Tre	atments		7		
	5,000 GALLONS ACID		Т	There are no Fracture Treatments records to display.						
Formation		Т	ор	v	/ere open hole l	oas run? Ye	5			
SIMPSON				6971 Date last log run: February 11, 2009						
ARBUCKLE				7265 _V	/ere unusual dri	lling circums	tances encou	untered? No		

Were unusual drilling circumstances encountered? No Explanation:

Other Remarks

UIC APPLICATION NUMBER 1607050002 (MODIFICATION OF CURRENT UIC PERMIT NUMBER 1401540015)

Bottom Holes
Sec: 14 TWP: 25N RGE: 12W County: ALFALFA
SE SW NW SE
471 FSL 2030 FEL of 1/4 SEC
Depth of Deviation: 0 Radius of Turn: 0 Direction: 0 Total Length: 0
Jeasured Total Depth: 10112 True Vertical Depth: 8770 End Pt. Location From Release, Unit or Property Line: 1471

FOR COMMISSION USE ONLY

Status: Accepted

1133408

No. Disc. 201921 port: ONLA-HOMA COMPORTANCE COMPORTANCE (Section 1996) MAR 1 8 2016 Composition Disl. Sectionments busine NAR 1 8 2016 MAR 1 8 2016 Composition Recompletion Composition 1997 MAR 1 8 2016 Composition Recompletion Completion 1997 MAR 1 8 2016 Composition Recompletion Completion 1997 MAR 1 8 2016 Completion Recompletion Completion 1997 Market Completion Section 1997 Completion Recompletion Recompletion Section 1997 Market Completion Section 1997 Completion 1997 Market Completion Recompletion Section 1997 Market Completion Section 1997 Completion 1997 Market Completion Recompletion Section 1997 Market Completion Section 1997 Market Completion Completion 1997 Section 1997 Section 1997 Section 1997 Section 1997 Section 1997 Completion 1997 Market Completion Completion 1997 Section 1997 Section 1997 Section 1997 Section 1997 Section 1997					v						5010			Form 1002
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Dereck FI 1.364 Count 1.364 Count Count Wate CHESAPEAKE OPERATING, LL.C. OTCIOCC OPERATOR NO. 17441 Wate CASHSS F. CO. BOX 13465 Count		1/4 SE 1/4			273			3/12	/2016	w				E
NAME CHESAPLARE OPERATING LLC. OTCOCC OPERATION NO 17441 ADDRESS P.O. BOX 18498		ound 1,348					-							
CONV CALAHOMA CITY STATE OK Zip 73154 LOGATE WELL COMPLETION TYPE CASING & CEMENT From 10020 must be attached) LOGATE WELL CONTROL TO THE LOGATE WELL LOGATE WELL CONTROL TO THE LOGATE WELL LOGATE WELL CONTROL TO THE LOGATE WELL LOGATE WELL LOGATE WELL LOGATE WELL CONTROL TO THE LOGATE WELL LOGATE WELL CONTROL TO THE LOGATE WELL LOGATE WELL CONTROL TO THE LOGATE TO THE L		PEAKE OPER	ATING, I	L.C.		OTC/O	CC OPERATOR	NO.	17441					
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LICCATION COCAT	COMMINGLED				SURFACE		13-3/8"	48#	H-40	1	000		885	Surface
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Baker		N/A		•	PRODUCTI	ON	9-5/8"	36/40#	HCK-55	7	,425		880	4,300
PACKER © 7.391 BRAND & TYPE 194FA.75 PLUG © 7.250 TYPE Cement PLUG © 7.255 TYPE BP TOTAL DEPTH 10,11 COMPLETION & TEST DATA BY PRODUCING FORMATION 202 SMPS COMMATION 202 SMPS COMMATIO					LINER								-	
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Store 5,000 gallons acid FRACTURE TREATMENT (Fluids/Prop Amounts) Image: Store of the contents of this report and am authorized by my organization to make this eport, which length of the formational direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.	INTERVALS							611				1 É		
Store 5,000 gallons acid PRACTURE TREATMENT Fluids/Prop Amounts) Image: Store of the store o							105	511	KM					
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Fluids/Prop Amounts) Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer OR 1st Sales Date NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATE	FRACTURE TREATMENT			u										
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OR 1st Sales Date NITAL TEST DATA Oil Allowable (165:10-13-3) NITAL TEST DATE Image: Comparison of the co		Minimu	um Gas Allowa	able	(165:10	-17-7)		 Gas F	Purchaser/Mea	surer				
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CHOKE SIZE LOW TUBING PRESSURE LOW TUBING PRESSURE Low record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authonized by my organization to make this eport, 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. JEFF BULL - REGULATORY MANAGER 3/17/2016 405-848-8000 DATE PHONE NUMBER	UMPING OR FLOWING													
FLOW TUBING PRESSURE A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this eport, which was prepare forme opurpter 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. JEFF BULL - REGULATORY MANAGER 3/17/2016 405-848-8000 NAME (PRINT OR TYPE) DATE PHONE NUMBER														
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report, which was prepared by me or under my suffer is ion and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief. JEFF BULL - REGULATORY MANAGER JIFF BULL - REGULATORY MANAGER JIFF BULL - REGULATORY MANAGER JATE PHONE NUMBER DATE PHONE NUMBER	LOW TUBING PRESSURE													
VSIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER	record of the formations drilled eport, which was prepared by m	through, and pertine e or under my surfer	nt remarks are ision and dire	ction, with t	the data and fa	acts stated	d herein to be tru	e, correct, and	d complete to t	he best	of my knowl	edge and belie	əf.	
ADDRESS CITY STATE ZIP FMAIL ADDRESS	VP.O. BOX 18496					NAME (F OK)		– oope	DATE r@chk.	com		

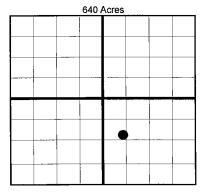
PLEASE TYPE OR USE BLACK INK ONLY FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations LEASE NAME Dutch Harbor SWD

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drilled through. Show intervals cored or drillstem tested.			
NAMES OF FORMATIONS	ТОР	FOR COMMIS	SION USE ONLY
Simpson Arbuckle	6,971 7,265	ITD on file YES NO APPROVED DISAPPROVED 2) Reject	Codes
			<u></u>
		Were open hole logs run? X yes no Date Last log was run 2/11/2009	
		Was CO ₂ encountered? yes X no	at what depths?
		Was H ₂ S encountered? yes χ no	at what depths?
		Were unusual drilling circumstances encountered? If yes, briefly explain.	yes <u>X</u> no
Other remarks: UIC Application No. 1607050002	(modification of curr	Lent UIC Permit No. 1401540015)	



If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth. Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells. 640 Acres

	2		 	

SEC 14	TWP 25N	RGE 12W	COUNTY	1	Alfalfa	
pot Location SE 1/4	SW 1/4	NW 1/4	SE 1/4	Feet From 1/4 Sec Lines	FSL 1,471	FEL 2,030
Aeasured Total		True Vertical De		BHL From Lease, Unit, or P	roperty Line:	
10,	112	8,7	770		1,471	
OTTOM HOLE	E LOCATION FO	R HORIZONTAL	HOLE: (LATER	ALS)		
ATERAL #1 SEC	TWP	RGE	COUNTY			
Spot Location	I			Feet From 1/4 Sec Lines	FSL	FWL
1/4 Depth of Deviation	1/4	1/4 Radius of Turn	1/4	Direction	Total Length	
Aeasured Total	Depth	True Vertical De	epth	BHL From Lease, Unit, or F	Property Line:	
ATERAL #2						
SEC	TWP	RGE	COUNTY			andor y
Spot Location 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation	Zar	Radius of Turn		Direction	Total Length	
Aeasured Total	Depth	True Vertical De	epth	BHL From Lease, Unit, or F	Property Line:	
ATERAL #3						
SEC	TWP	RGE	COUNTY			
Spot Location 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation		Radius of Turn		Direction	Total Length	
Measured Total	Depth	True Vertical De	epth	BHL From Lease, Unit, or F	Property Line:	