

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

Form 1002A

API No.: 35151243870000

Completion Report

Spud Date: May 03, 2015

OTC Prod. Unit No.:

Drilling Finished Date: May 15, 2015

1st Prod Date:

Completion Date: May 02, 2016

Drill Type: HORIZONTAL HOLE

Well Name: GREGORY 1-27-13 1H

Purchaser/Measurer:

Location: WOODS 12 27N 13W
NW NE NW NE
200 FNL 1965 FEL of 1/4 SEC
Derrick Elevation: 1285 Ground Elevation: 1263

First Sales Date:

Operator: CHESAPEAKE OPERATING LLC 17441
PO BOX 18496
6100 N WESTERN AVE
OKLAHOMA CITY, OK 73154-0496

Completion Type	
<input type="checkbox"/>	Single Zone
<input type="checkbox"/>	Multiple Zone
<input type="checkbox"/>	Commingled

Location Exception
Order No
639022

Increased Density
Order No
There are no Increased Density records to display.

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	13 3/8	48	J-55	690		570	SURFACE
INTERMEDIATE	9 5/8	36	J-55	1198		319	SURFACE
PRODUCTION	7	26	P-110EC	5593		222	3844

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
LINER	4 1/2	11.6	P-110EC	5118	0	499	5344	10462

Total Depth: 10464

Packer	
Depth	Brand & Type
There are no Packer records to display.	

Plug	
Depth	Plug Type
There are no Plug records to display.	

Initial Test 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 no Initial Data records to display.										

Completion and Test Data by Producing Formation		
Formation Name: N/A	Code:	Class: TA

Formation	Top
MISSISSIPPI	5215

Were open hole logs run? No

Date last log run:

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks
WAITING ON COMPLETION

Lateral Holes
Sec: 1 TWP: 27N RGE: 13W County: WOODS NW NW NW NE 170 FNL 2603 FEL of 1/4 SEC Depth of Deviation: 4866 Radius of Turn: 401 Direction: 357 Total Length: 5249 Measured Total Depth: 10464 True Vertical Depth: 5267 End Pt. Location From Release, Unit or Property Line: 170

FOR COMMISSION USE ONLY	
Status: Accepted	1133456

API NO. **35-151-24387**
 OTC PROD.
 UNIT NO. **N/A**

PLEASE TYPE OR USE BLACK INK ONLY
 NOTE: Attach copy of original 1002A if recompletion or reentry.

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

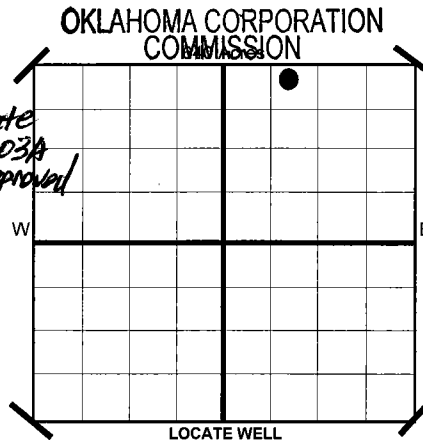
654001
RECEIVED

MAY 03 2016

ORIGINAL
 AMENDED
 Reason Amended _____
 TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL
 If directional or horizontal, see reverse for bottom hole location.

COMPLETION REPORT

SPUD DATE **5/3/2015**
 DRLG FINISHED DATE **5/15/2015**
 DATE OF WELL COMPLETION **5-2-2016** *Date 1003A Approved*
 1ST PROD DATE **N/A**
 RECOMP DATE _____
 Longitude (if Known) _____



COUNTY **WOODS** SEC **12** TWP **27N** RGE **13W**
 LEASE NAME **GREGORY 1-27-13** WELL NO. **1H**
 SHL **NW 1/4 NE 1/4 NW 1/4 NE 1/4** **200** **1/4 SEC** **1,965**
 ELEVATION **1,285** **Ground** **1,263** Latitude (if Known)
 OPERATOR NAME **CHESAPEAKE OPERATING, L.L.C.** OTC/OCC OPERATOR NO. **17441**
 ADDRESS **P.O. BOX 18496**
 CITY **OKLAHOMA CITY** STATE **OK** ZIP **73154**

COMPLETION TYPE
 SINGLE ZONE
 MULTIPLE ZONE Application Date _____
 COMMINGLED Application Date _____
 LOCATION EXCEPTION ORDER NO. **639022 (INTERIM)**
 INCREASED DENSITY ORDER NO. _____

CASING & CEMENT (Form 1002C must be attached)

	TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP	
CONDUCTOR									
SURFACE		13 3/8"	48#	J-55	690		570	SURFACE	
INTERMEDIATE		9 5/8"	36#	J-55	1,198		319	SURFACE	
PRODUCTION		7"	26#	P-110EC	5,593		222	3,844	
LINER		4 1/2"	11.6#	P-110EC	5,344-10,462		499	5,344	
								TOTAL DEPTH	10,464

PACKER @ **N/A** BRAND & TYPE _____
 PACKER @ _____ BRAND & TYPE _____

PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
 PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION								
SPACING & SPACING ORDER NUMBER								
CLASS: Oil, Gas, Dry, Inj. Disp, Comm Disp, Svc	Temporarily Abandoned							
PERFORATED INTERVALS								
ACID/VOLUME								
FRACTURE TREATMENT (Fluids/Prop Amounts)								

AS SUBMITTED

Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer _____
 OR
 Oil Allowable (165:10-13-3) 1st Sales Date _____

INITIAL TEST DATA

INITIAL TEST DATE	N/A						
OIL-BBL/DAY							
OIL-GRAVITY (API)							
GAS-MCF/DAY							
GAS-OIL RATIO CU FT/BBL							
WATER-BBL/DAY							
PUMPING OR FLOWING							
INITIAL SHUT-IN PRESSURE							
CHOKE SIZE							
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 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.

Sara Everett
 SIGNATURE _____ NAME (PRINT OR TYPE) **Sara Everett, Regulatory Analyst** DATE **5/2/2016** PHONE NUMBER **405-848-8000**
P.O. BOX 18496 **OKLAHOMA CITY** **OK** **73154** **sara.everett@chk.com**
 ADDRESS CITY STATE ZIP EMAIL ADDRESS

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

LEASE NAME GREGORY 1-27-13

WELL NO. 1H

NAMES OF FORMATIONS	TOP
MISSISSIPPI	5,215

FOR COMMISSION USE ONLY

ITD on file YES NO

APPROVED _____ DISAPPROVED _____

2) Reject Codes _____

Were open hole logs run? _____ yes no

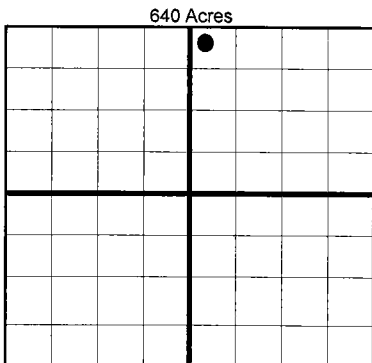
Date Last log was run N/A

Was CO₂ encountered? _____ yes no at what depths?

Was H₂S encountered? _____ yes no at what depths?

Were unusual drilling circumstances encountered? _____ yes no
If yes, briefly explain.

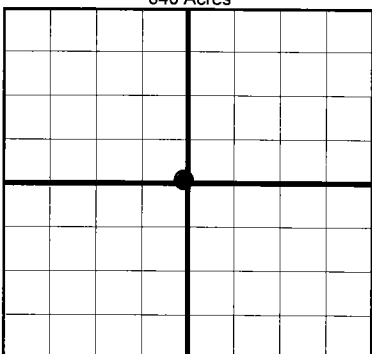
Other remarks: *WAITING ON COMPLETION



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.



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY				
Spot Location	1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:				

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY					
1	27N	13W	WOODS					
Spot Location	NW 1/4	NW 1/4	NE 1/4	Feet From 1/4 Sec Lines	FNL	170	FEL	2,603
Depth of Deviation	4,866	Radius of Turn	401	Direction	357	Total Length	5,249	
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:					
	10,464	5,267	170					

LATERAL #2

SEC	TWP	RGE	COUNTY			
Spot Location	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 Depth		BHL From Lease, Unit, or Property Line:			

LATERAL #3

SEC	TWP	RGE	COUNTY			
Spot Location	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 Depth		BHL From Lease, Unit, or Property Line:			

API NO. 35-00323189
 OTC PROD.
 UNIT NO. N/A

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

RECEIVED

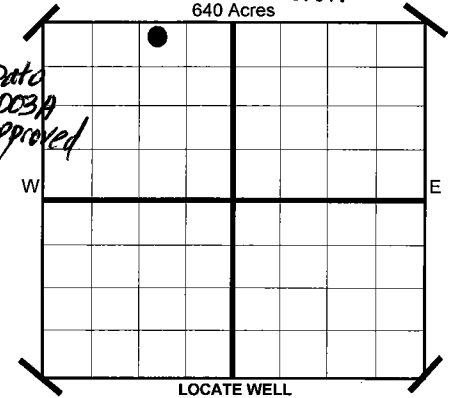
MAY 03 2016

ORIGINAL
 AMENDED
 Reason Amended

COMPLETION REPORT

TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL
 If directional or horizontal, see reverse for bottom hole location.

SPUD DATE 4/12/2015
 DRLG FINISHED DATE 7/9/2015
 DATE OF WELL COMPLETION 5-3-2016
 1ST PROD DATE N/A
 RECOMP DATE
 Longitude (if Known)
 OTC/OCC OPERATOR NO. 17441



COUNTY ALFALFA SEC 8 TWP 27N RGE 11W
 LEASE NAME JASMINE 8-27-11 WELL NO 1H
 SHL NW 1/4 NE 1/4 NW 1/4 265 FWL OF 1/4 SEC 1,580
 ELEVATION Derrick FI 1,226 Ground 1,201
 OPERATOR NAME CHESAPEAKE OPERATING, L.L.C. ADDRESS P.O. BOX 18496
 CITY OKLAHOMA CITY STATE OK ZIP 73154

COMPLETION TYPE

SINGLE ZONE
 MULTIPLE ZONE
 COMMINGLED
 LOCATION EXCEPTION ORDER NO. 639217 (INTERIM)
 INCREASED DENSITY ORDER NO. 639216

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP	
CONDUCTOR								
SURFACE	13 3/8"	48#	J-55	370		335	SURFACE	
INTERMEDIATE	9 5/8"	36#	J-55	1,200		390	SURFACE	
PRODUCTION	7"	26#	P-110EC	5,549		275	3680	
LINER	4 1/2"	11.6#	P-110EC	5,237-8,665		430	5,237	
							TOTAL DEPTH	9,101

PACKER @ N/A BRAND & TYPE
 PACKER @ BRAND & TYPE

PLUG @ TYPE PLUG @ TYPE
 PLUG @ TYPE PLUG @ TYPE

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	
SPACING & SPACING ORDER NUMBER	
CLASS: Oil, Gas, Dry, Inj. Disp, Comm Disp, Svc	Temporarily Abandoned
PERFORATED INTERVALS	
ACID/VOLUME	
FRACTURE TREATMENT (Fluids/Prop Amounts)	

AS SUBMITTED

Minimum Gas Allowable (165-10-17-7) Gas Purchaser/Measurer
 OR
 Oil Allowable (165-10-13-3) 1st Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	N/A
OIL-BBL/DAY	
OIL-GRAVITY (API)	
GAS-MCF/DAY	
GAS-OIL RATIO CU FT/BBL	
WATER-BBL/DAY	
PUMPING OR FLOWING	
INITIAL SHUT-IN PRESSURE	
CHOKE SIZE	
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 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.

Sara Everett
 SIGNATURE Sara Everett, Regulatory Analyst DATE 5/2/2016 PHONE NUMBER 405-848-8000
 P.O. BOX 18496 OKLAHOMA CITY OK 73154
 ADDRESS CITY STATE ZIP EMAIL ADDRESS sara.everett@chk.com

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

LEASE NAME JASMINE 8-27-11

WELL NO. 1H

NAMES OF FORMATIONS	TOP
MISSISSIPPIAN	5,198

FOR COMMISSION USE ONLY

ITD on file YES NO

APPROVED _____ DISAPPROVED _____

2) Reject Codes

Were open hole logs run? yes no

Date Last log was run N/A

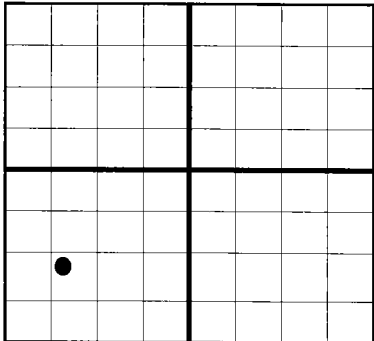
Was CO₂ encountered? yes no at what depths?

Was H₂S encountered? yes no at what depths?

Were unusual drilling circumstances encountered? _____ yes no
If yes, briefly explain.

Other remarks: *WAITING ON COMPLETION

640 Acres

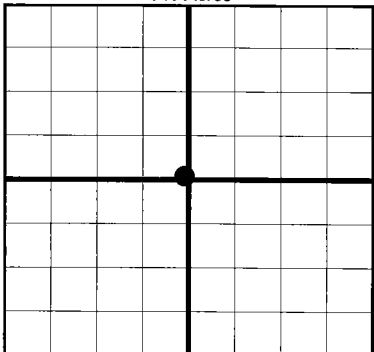


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640 Acres



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY							
Spot Location				1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:						

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

SEC	TWP	RGE	COUNTY							
8	27N	11W	ALFALFA	Spot Location			1,048	874		
NW 1/4		NE 1/4		SW 1/4		SW 1/4		Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation		4,796		Radius of Turn		472		Direction	175	
Measured Total Depth		9,101		True Vertical Depth		5,268		BHL From Lease, Unit, or Property Line: 874		

LATERAL #2

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 Depth		BHL From Lease, Unit, or Property Line:						

LATERAL #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 Depth		BHL From Lease, Unit, or Property Line:						