Oklahoma Corporation Commission Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000

Rule 165: 10-3-25

API No.: 35073254360001 **Completion Report** Spud Date: December 21, 2016

OTC Prod. Unit No.: 073-218382 Drilling Finished Date: December 31, 2016

1st Prod Date: February 07, 2017

Completion Date: January 25, 2017

Drill Type: HORIZONTAL HOLE

Min Gas Allowable: Yes

Well Name: CAROLYN 30-18-6 3H Purchaser/Measurer: CHESAPEAKE OPERATING

KINGFISHER 30 18N 6W First Sales Date: 02/09/2017 Location:

NE NE NW NE 212 FNL 1523 FEL of 1/4 SEC

Derrick Elevation: 1136 Ground Elevation: 1111

Operator: CHESAPEAKE OPERATING LLC 17441

PO BOX 18496

6100 N WESTERN AVE

OKLAHOMA CITY, OK 73154-0496

	Completion Type
Х	Single Zone
	Multiple Zone
	Commingled

Location Exception
Order No
661881

Increased Density
Order No
657218

Casing and Cement										
Type Size Weight Grade Feet PSI SAX Top of CM										
SURFACE	13 3/8	48	J-55	335		315	SURFACE			
INTERMEDIATE	9 5/8	36	J-55	1481		490	SURFACE			
PRODUCTION	7	26	P-110EC	6867		260	3493			

	Liner									
Туре	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth		
LINER	4 1/2	13.5	P-110EC	4832	0	460	6655	11487		

Total Depth: 11487

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

Plug							
Depth	Plug Type						
11396	CIBP						

Initial Test Data

March 23, 2017 1 of 2

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
Feb 15, 2017	OSWEGO	234		454	1940	1491	ARTIFICIA			608

Completion and Test Data by Producing Formation

Formation Name: OSWEGO

Code: 404OSWG

Class: OIL

Spacing Orders							
Order No	Unit Size						
630825	640						

Perforated Intervals							
From To							
6765	11392						

Acid Volumes
729,456 GALLONS HCL ACID

Fracture Treatments
63,925 BARRELS FRAC FLUID, NO PROPPANT USED

Formation	Тор
OSWEGO	6753

Were open hole logs run? No Date last log run:

Were unusual drilling circumstances encountered? No Explanation:

Other Remarks

There are no Other Remarks.

Lateral Holes

Sec: 30 TWP: 18N RGE: 6W County: KINGFISHER

SE SE SW SE

240 FSL 1344 FEL of 1/4 SEC

Depth of Deviation: 6190 Radius of Turn: 390 Direction: 180 Total Length: 4734

Measured Total Depth: 11487 True Vertical Depth: 6580 End Pt. Location From Release, Unit or Property Line: 240

FOR COMMISSION USE ONLY

1136138

Status: Accepted

March 23, 2017 2 of 2

NO. 073-25438 PONE: OT3-25438 PONE: Allect days of original 1922A F recompletion of results. Post Office Size Size Size Size Size Size Size Size Siz	[API	PLEASE TYPE OR USE BLACK INK	ONLY					-			400r
MAR 0 7 2017 MAR	NO. 073-25436		ONLY	окі	LAHOMA	CORPORA	TION COM	MISSION]			Rev. 2009
Constitution Cons	OTC PROD. 073 219292	Attach copy of original 1002A if recom	oletion or reentry.					Same Y		te	
MONTH MARCH MARC	X ORIGINAL	· J				a City, Oklah	oma 73152-20	000	MAR	0 7 201	7
SPAND ATT 1221/2016 SPAND ATT 1221/2017 SPAN	Reason Amended	NN .			со	MPLETION	REPORT	OK	AHOMA COM	CORPORMISSION	RATION I
12/31/2016 12/	STRAIGHT HOLE	·	IZONTAL HOLE	SPUD D	ATE	12/21	1/2016				
EASIGNAME CAROLYN 30-18-6	•	verse for bottom hole location.			INISHED	12/31	1/2016	11			
STATE STAT	COUNTY KINGFIS	SHER SEC 30 TWP 18	N RGE 06W			1/25	/2017				
Section No. 14 No. 14 No. 14 No. 14 12 12 12 12 12 12 12	LEASE NAME CAR	013/1100 40 0				2/7/	2017		-		
EMERICAN Page Pag	SHL			1		2111	2017				
Demok F 1.136 Ground 1.111								w			E
Committee Comm	Derrick FI 1,136 Gro			1 *							
OKLAHOMA CITY STATE OK ZIP 73154	NAME CHESA	PEAKE OPERATING, L.L.	O. 07	тс/осс о	PERATOR	NO.	17441				
CASING A CEMENT (From 1902C must be attached)	ADDRESS P.O. BO	X 18496									
COMPLETION TYPE CASING & CEMENT (Form 1092C must be attached)	CITY OKLAH	OMA CITY	STATE (ЭК	ZIP	73	154				
X SINGLE ZONE PROPERTY SIZE WEIGHT GRADE FEET PSI SAX TOP	COMPLETION TYPE		CASING & CEME	NT (Form :	1002C mue	t ha attached	4)		LOCA	TE WELL	
MULTIFIEE ZONE				11 (1 01111				FCCT	Del	CAV	TOP
SURFACE 13 3/8" 48# J-55 335 315 SURFACE 336 Application bins GESB824 (INTERHM) ASSESSED FOR STY GEST 218 NITERMEDIATE 9 5/8" 36# J-55 1,481 490 SURFACE NITERMEDIATE 9 5/8" 36# J-55 1,481 490 SURFACE REPORTED FOR STY GEST 218 NITERMEDIATE 9 5/8" 36# J-55 1,481 490 SURFACE REPORTED FOR STATE OF STATE					SIZE	WEIGHT	GRADE	FEET	FOI	JAX.	100
Intermediate 9.5/8" 36# J-5 1.481 4.90 SURFACE	COMMINGLED	1100150			10.0/01	40#	1.55	225		245	CUDEACE
PRODUCTION 7" 26# P-110EC 6,867 260 3,493	LOCATION 65	SERRA (INTERIMA)									
LINER 4 1/2" 13.5# P-110EC 6,655-11,487 460 6,655	EXCEPTION ORDER NO. INCREASED DENSITY	057040		-		36#	J-55	1,481	-	490	
PACKER © BRAND & TYPE PLUG © T	ORDER NO.	05/218					 		_	+	<u> </u>
PRIOR TYPE TYPE PRIOR TYPE PRIOR TYPE			LINER		4 1/2"	13.5#	P-110EC	6,655-11,48	7	460	
COMPLETION & TEST DATA BY PRODUCING FORMATION FORMATION OSWEGO SPACING & SPACING ASSOCIATION OIL CONVOLUME TO PLACE TO P				_			11,396		_ тот/	AL DEPTH	11,487
PROFINATION OSWEGO SPACING SPACING AGO SPACING AGO SPACING AS SPACING AGO SPACING AS SPACING AGO SPACI			LUG @	- TYPE —		PLUG @		TYPE	_		
SORMATION OSWEGO 640 640 640 630825	COMPLETION & TEST DATA B	PRODUCING FORMATION	04105WG	_							
SPACING S SPACING REPORT NUMBER 630825 LASS: ON, Gas, Dry, Inj. DISP, Comm Disp, Svc. OIL PERFORATED NTERVALS 6,765-11,392 HCL Acid 729,456 GALS Frac Fluids RACTURE TREATMENT Fluids/Prop Amounts) NO Propipant Used Minimum Gas Allowable (185:10-17-7) Gas Purchaser/Measurer 181 Sales Date Chesapeake Operating, L.L.C X OR 181 Sales Date Chesapeake Operating, L.L.C X OR 181 Sales Date Chesapeake Operating, L.L.C 2/9/2017 NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 454 ASS-OIL RATIO CU FT/BBL 1,940 VATER-BBL/DAY 1491 ASS SUBMITTED ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE HOKE SIZE LOW TUBING OF FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE HOKE SIZE LOW TUBING PRESSURE 608 OKLAHOMA CITY OK 73154 JP Powell, Sr. Regulatory Analyst NAME (PRINT OF TYPE) DATE PHONE NUMBER 1,940 NAME (PRINT OF TYPE) DATE PHONE NUMBER 1,	FORMATION									Ren	orted
DIASE ON, Gas, Dy, Inj. Disp, Comm Disp, Svc OIL PERFORATED NTREVALS 6,765-11,392 HCL Acid 729,456 GALS Frac Fluids 63,925 BBLS NO Proppant Used Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer 1st Sales Date Chesapeake Operating, L.L.C X OR 1st Sales Date Chesapeake Operating, L.L.C 2/9/2017 NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY ASS-OIL FARTIO CU FT/BBL VATER-BBL/DAY AS	SPACING & SPACING	640								+- 1	To To a
PERFORATED NITERVALS 6,765-11,392 HCL Acid 729,456 GALS Frac Fluid 33,925 BBLS No Propant Used Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Inst Seles Date 2/19/2017 NITIAL TEST DATA OI Allowable (165:10-13-3) NITIAL TEST DATE 2/15/2017 DIL-BRIDDAY 234 DIL-BRIDDAY 454 ASS-OIL RATIO CU ET/BBL 1,940 VASTER-BBL/DAY 454 ASS-OIL RATIO CU ET/BBL 1,940 VASTER-BBL/DAY 1491 PUMPING OR FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE 608 HOKE SIZE HOKE SIZE HOKE SIZE FOR 1 THE Command of through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and an authorized by my organization to make this period, 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. JP Powell, Sr. Regulatory Analyst NAME (PRINTIN TOR TYPE) DATE PHONE NUMBER 7915 POWEL] ECh. N. COM	CLASS: Oil, Gas, Dry, Inj.			-			=			10 7	TAC POCUS
NCIDNOLUME ACIDNOLUME ACIDNO	Disp, Comm Disp, Svc	OIL									
NCIDNOLUME ACIDNOLUME ACIDNO	DEDECIDATED										
T29,456 GALS FRACTURE TREATMENT Fluids/Prop Amounts) Minimum Gas Allowable G3,925 BBLS No Proppant Used Minimum Gas Allowable G165:10-17-7) Gas Purchaser/Measurer 1st Sales Date Chesapeake Operating, L.L.C X OR OII Allowable G165:10-13-3) NITIAL TEST DATA NITIAL TEST DATE DIL-BBL/DAY 234 DIL-GRAVITY (API) GAS-MCF/DAY 454 GAS-OIL RATIO CU FT/BBL 1,940 ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOW TUBING PRESSURE DATE JP POWEIL, Sr. Regulatory Analyst JP Powell, Sr. Regulatory Analyst JP Powell, Sr. Regulatory Analyst JP Powell, Sr. Regulatory Analyst JP powell (Gchk, com) NAME (PRINTOR TYPE) DATE PRONE NUMBER DATE PRONE NUMBER DATE DATE PRONE NUMBER DATE DATE PRONE NUMBER DATE DATE PRONE NUMBER DATE PRONE	INTERVALS	6,765-11,392									
T29,456 GALS FRACTURE TREATMENT Fluids/Prop Amounts) Minimum Gas Allowable G3,925 BBLS No Proppant Used Minimum Gas Allowable G165:10-17-7) Gas Purchaser/Measurer 1st Sales Date Chesapeake Operating, L.L.C X OR OII Allowable G165:10-13-3) NITIAL TEST DATA NITIAL TEST DATE DIL-BBL/DAY 234 DIL-GRAVITY (API) GAS-MCF/DAY 454 GAS-OIL RATIO CU FT/BBL 1,940 ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOW TUBING PRESSURE DATE JP POWEIL, Sr. Regulatory Analyst JP Powell, Sr. Regulatory Analyst JP Powell, Sr. Regulatory Analyst JP Powell, Sr. Regulatory Analyst JP powell (Gchk, com) NAME (PRINTOR TYPE) DATE PRONE NUMBER DATE PRONE NUMBER DATE DATE PRONE NUMBER DATE DATE PRONE NUMBER DATE DATE PRONE NUMBER DATE PRONE											
Fracture Treatment Fluids/Prop Amounts) Fract Fluid 63,925 BBLS No Proppant Used Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Ist Sales Date 2/9/2017 Minimum Gas Allowable (165:10-13-3) MITIAL TEST DATA OII Allowable (165:10-13-3) MITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 DIL-GRAVITY (API) ASA-OIL RATIO CU FT/BBL 1,940 NATER-BBL/DAY 1491 PATER-BBL/DAY 1491 ARTIFICIAL LIFT MITIAL SUBJECT LOW TUBING PRESSURE 608 ARTON TO THE CONTROL OF THE	ACID/VOLUME										
Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Ist Sales Date 2/9/2017 NITIAL TEST DATA OII Allowable (165:10-13-3) NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 DIL-GRAVITY (API) SAS-MCF/DAY 454 SAS-OIL RATIO CU FT/BBL 1,940 WATER-BBL/DAY 1491 PUMPING OR FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOW TUBING PRESSURE CHOW TUBING PRESSURE ARTIFICIAL SHUT-IN PRESSURE CHOW TUBING PRESSURE ARTIFICIAL SHUTH THE ARTIFICIAL SHUTH THE ARTIFICIAL SHUTH THE ARTIFIC SHUTH THE		Frac Fluid	·								
Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer 1st Sales Date 2/9/2017 NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 DIL-GRAVITY (API) DAS-MCF/DAY 454 SAS-OIL RATIO CU FT/BBL 1,940 VATER-BBL/DAY 1491 DUMPING OR FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOW TUBING PRESSURE 608 ACCORD TO 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. JP Powell, Sr. Regulatory Analyst 3/6/2017 405-848-8000 JSGNATURE NAME (PRINTOR TYPE) DATE PHONE NUMBER 19.00 POWEL 19.00	FRACTURE TREATMEMT (Fluids/Prop Amounts)	No Proppant Used									
NITIAL TEST DATA OII Allowable (165:10-13-3) NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 DIL-GRAVITY (API) SAS-MCF/DAY 454 SAS-OIL RATIO CU FT/BBL 1,940 ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE HOW TUBING PRESSURE LOW TUBING PRESSURE 608 VICCORD of the formations drilled through, and pertinent remarks are presented on the reverse. T declare that I have knowledge of the contents of this report and am authorized by my organization to make this speed which was incepared 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. JP Powell, Sr. Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P.O. BOX 18496 OKLAHOMA CITY OK 73154 JP powell@chk.com											
NITIAL TEST DATA OII Allowable (165:10-13-3) NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 DIL-GRAVITY (API) SAS-MCF/DAY 454 SAS-OIL RATIO CU FT/BBL 1,940 WATER-BBL/DAY 1491 AS SUBMITTED WITHIN SHUT-IN PRESSURE HOKE SIZE LOW TUBING PRESSURE 608 LICOW TUBING PRESSURE 608 LICOW TUBING PRESSURE 608 LICOW TUBING PRESSURE For 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. JP Powell, Sr. Regulatory Analyst 3/6/2017 405-848-8000 P.O. BOX 18496 OKLAHOMA CITY OK 73154 ID - powell @chk.com			(165:10-17-7	7)		Gas F	ourchaser/Mea	surer	Chesape	· · · · ·	
NITIAL TEST DATE 2/15/2017 DIL-BBL/DAY 234 DIL-GRAVITY (API) SAS-MCF/DAY 454 SAS-OIL RATIO CU FT/BBL 1,940 ANTIFICIAL LIFT NITIAL SHUT-IN PRESSURE SHOKE SIZE LOW TUBING PRESSURE 608 ARTIFICIAL LIFT SHOKE SIZE LOW TUBING PRESSURE 508 JP Powell, Sr. Regulatory Analyst NAME (PRINT OR TYPE) DATE PHONE NUMBER A 454 AS SUBMITTED AS SUBMITTED A 508 A 73154 A 509 A 73154 A 509 A 73154 DATE PHONE NUMBER PLOW TUBING PRESSURE DATE PHONE NUMBER PHONE NUMBER PHONE NUMBER PHONE NUMBER	INITIAL TEST DATA		(105 10 10 0)			1st Sa	les Date			2/9/20	17
DIL-GRAVITY (API) SAS-MCF/DAY 454 SAS-OIL RATIO CU FT/BBL 1,940 WATER-BBL/DAY 1491 PUMPING OR FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOKE SIZE CHOW TUBING PRESSURE CHOW TUBING PRESSURE SAME PRINT OF THE CONTROL OF THE CONTR			(165:10-13-3)							T	
ASS-MCF/DAY ASS-MCF/DAY ASS-MCF/DAY 454 ASS-OIL RATIO CU FT/BBL 1,940 ASS SUBMITTED ASS SUBMITTED ANTIFIC IAL LIFT INITIAL SHUT-IN PRESSURE CHOKE SIZE CHOW TUBING PRESSURE CHOW TUBING PR	OIL-BBL/DAY						,				
ASS-MCF/DAY 454 CAS-OIL RATIO CU FT/BBL 1,940 NATER-BBL/DAY 1491 NITIAL SHUT-IN PRESSURE CHOKE SIZE CHOW TUBING PRESSURE CH	OIL-GRAVITY (API)		7			//////	//////		<u>/</u>		
PUMPING OR FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOKE SIZE CLOW TUBING PRESSURE CLOW TUBING PRE	GAS-MCF/DAY	454							<u> </u>		
PUMPING OR FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOKE SIZE CLOW TUBING PRESSURE CLOW TUBING PRE	GAS-OIL RATIO CU FT/BBL			410	C C		MIT	TÈD I			
PUMPING OR FLOWING ARTIFICIAL LIFT NITIAL SHUT-IN PRESSURE CHOKE SIZE CLOW TUBING PRESSURE CLOW TUBING PRE	WATER-BBL/DAY			4H:	Jį	JUD	17111	ILU			
CHOKE SIZE LOW TUBING PRESSURE 608 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 appeal, 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. JP Powell, Sr. Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER 1p. powell@chk.com	PUMPING OR FLOWING	ARTIFICIAL LIFT		,,,,,,	/////		//////		Y		
A record of the formations drilled through, and pertinent remarks are presented on the reverse. T declare that I have knowledge of the contents of this report and am authorized by my organization to make this appeal, 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. JP Powell, Sr. Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER 1p. powell@chk.com							//////	<u>////////</u>			
record of the formations drilled through, and pertinent remarks are presented on the reverse. T declare that I have knowledge of the contents of this report and am authorized by my organization to make this appear, 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. JP Powell, Sr. Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER PHONE NUMBER 1p. powell@chk.com		608									
JP Powell, Sr. Regulatory Analyst Signature OKLAHOMA CITY OK 73154 JP Powell true, correct, and complete to the best of my knowledge and belief. 3/6/2017 405-848-8000 DATE PHONE NUMBER jp.powell@chk.com										<u> </u>	
JP Powell, Sr. Regulatory Analyst 3/6/2017 405-848-8000 SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P.O. BOX 18496 OKLAHOMA CITY OK 73154 jp.powell@chk.com	record of the formations drilled in spect, which was prepared by me	through, and pertinent remarks are present e or under my supervision and direction.	ented on the reverse. I d with the data and facts s	declare that tated herei	t I have kno in to be true	wledge of the , correct. and	contents of the	is report and am a ne best of my know	uthorized by m ledge and belie	y organization ef.	to make this
P.O. BOX 18496 OKLAHOMA CITY OK 73154 jp.powell@chk.com	Lewel	0	JP Powell,	, Sr. Re	gulatory	/ Analyst	•	3/6/201	7	405-8	
TOTO!		OKI AHOMA CIT	NA	ME (PRIN	OR TYPE)					NE NUMBER
						<u> </u>				IN COIL	

PLEASE TYPE OR USE BLACK INK ONLY FORMATION RECORD

Give formation names and tops, if available, o drilled through. Show intervals cored or drillst	r descriptions and thickness of formation em tested.	ns LEASE NAME <u>CAROL</u>	YN 30-18-6	WELL NO. 3H
NAMES OF FORMATIONS	ТОР		FOR COMM	SSION USE ONLY
OSWEGO	6,753	ITD on file YES		
		Were open hole logs run?	yes _X_no	
		Date Last log was run	N/A	
		Was CO ₂ encountered?	yes _X_no	
		Was H ₂ S encountered? Were unusual drilling circu If yes, briefly explain.	yes X no	at what depths?
Other remarks:				
640 Acres	POTTOM HOLE LOCATION FOR			
040 Acres	SEC TWP R	GE COUNTY		
	Spot Location 1/4 Measured Total Depth Ti	1/4 1/4 rue Vertical Depth	Feet From 1/4 Sec Lines BHL From Lease, Unit, or	
	BOTTOM HOLE LOCATION FOR I	HORIZONTAL HOLE: (LATER	ALS)	
	30 18N	GE 06W COUNTY	Kii	NGFISHER
	Spot Location SE 1/4 SE 1/4	SW 1/4 SE 1/4	Feet From 1/4 Sec Lines	FSL 240 FEL 1,344
	IDeviation 6.190	adius of Turn 390	Direction 180	Total Length 4,734
f more than three drainholes are proposed, attach a separate sheet indicating the necessary information.	Measured Total Depth Tr 11,487	rue Vertical Depth 6,580	BHL From Lease, Unit, or	Property Line: 240
Direction must be stated in degrees azimuth. Please note, the horizontal drainhole and its end	LATERAL #2	A= "[AA] D=/"		
point must be located within the boundaries of the ease or spacing unit.		GE COUNTY		
Directional surveys are required for all	Spot Location 1/4 Depth of	1/4 1/4 adius of Turn	Feet From 1/4 Sec Lines Direction	FSL FWL Total Length
drainholes and directional wells. 640 Acres	Deviation	rue Vertical Depth	BHL From Lease, Unit, or	
	11	TO: 100. DOP11	Jane 1 10 m Eddoc, Offic, Of	porty mile.
	LATERAL #3			
		GE COUNTY		
	Spot Location 1/4 1/4	1/4 1/4	Feet From 1/4 Sec Lines	FSL FWL
	Depth of Ra	adius of Turn	Direction	Total Length
	Measured Total Depth Tr	rue Vertical Depth	BHL From Lease, Unit, or	Property Line:
			· · · · · · · · · · · · · · · · · · ·	

