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

Rule 165: 10-3-25

API No.: 35039223980001 **Completion Report** Spud Date: March 01, 2012

OTC Prod. Unit No.: 039-208268 Drilling Finished Date: March 30, 2012

1st Prod Date: June 11, 2012

Amended Completion Date: January 27, 2012 Amend Reason: RECLASSIFY AS TEMPORARILY ABANDONED

Recomplete Date: August 23, 2017

Drill Type: HORIZONTAL HOLE

Well Name: MELBA 28-15-20 1H Purchaser/Measurer:

Location: **CUSTER 28 15N 20W** First Sales Date:

SE SW SW SW 230 FSL 520 FWL of 1/4 SEC

Derrick Elevation: 1882 Ground Elevation: 1855

CHESAPEAKE OPERATING LLC 17441 Operator:

PO BOX 18496

6100 N WESTERN AVE

OKLAHOMA CITY, OK 73154-0496

	Completion Type	Location Exception
Х	Single Zone	Order No
	Multiple Zone	602039
	Commingled	

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

	Casing and Cement													
Type Size Weight Grade Feet PSI SAX Top of 0														
SURFACE	13 3/8	48	J-55	590		1040	SURFACE							
INTERMEDIATE	9 5/8	36	J-55	1535		840	SURFACE							
PRODUCTION	7	29	P-110	7948		110	6565							

				Liner				
Туре	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
LINER	4 1/2	13.5	HCP-110	5415	0	510	7700	13115

Total Depth: 13115

Pac	cker
Depth	Brand & Type
7672	AS-3

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

Initial Test Data

September 20, 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
Jan 27, 2015	VIRGIL	20								
		Cor	npletion and	Test Data b	y Producing F	ormation				
	Formation Name: VIRGI	L		Code: 40	6VRGL	C	class: TA			
	Spacing Orders				Perforated I	ntervals		\neg		
Orde	er No U	nit Size		From To			Го			
188	188307 640				5	12	991			
	Acid Volumes		\neg \vdash		Fracture Tre	atments		\neg		

Formation	Тор
BASE BROWN DOLOMITE	4250
BASE SHAWNEE	7441
BASE HEEBNER	7749
DOUGLAS	8401
TONKAWA	8444
TONKAWA SANDSTONE	8546

YES (SEE ORIGINAL)

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

YES (SEE ORIGINAL)

Were unusual drilling circumstances encountered? No Explanation:

Other Remarks

There are no Other Remarks.

Lateral Holes

Sec: 28 TWP: 15N RGE: 20W County: CUSTER

NW NE NW NW

199 FNL 677 FWL of 1/4 SEC

Depth of Deviation: 8147 Radius of Turn: 336 Direction: 10 Total Length: 4440

Measured Total Depth: 13115 True Vertical Depth: 8483 End Pt. Location From Release, Unit or Property Line: 199

FOR COMMISSION USE ONLY

1137491

Status: Accepted

September 20, 2017 2 of 2

DA S 3 G 3 G 3 G 3 G 3 G 3 G 3 G 3 G 3 G 3	[API	TPLEASE TYPE OR USE BLACK INK O	NII V					চ	TO CI		
MATTHER 209-200268	NO. 35-039-22398	NOTE:		c							
Mail			etion or reentry.			Post Office B	ox 52000		AUG	2 3 2017	7
PRODUCTION PRODUCTIONS PRODUCTIONS PRODUCTION PRODUCT	AMENDED	classify as Temporarily Abor	adonad			Rule 165:1	0-3-25	OKL	AHOMA COM	CORPORMISSION	ration
STATE SEC 28 WP 15N DOC 200W DATE PEPVET 12772017 DATE			laonea			MPLETION		1			
COUNTY CUSTER SEC 28 NW 16N ROE 20W DATE OF WRITE 1/27/2019 CUSTER SEC 28 NW 16N ROE 20W DATE OF WRITE 1/27/2019 CUSTER SEC 28 NW 16N ROE 20W DATE CUSTER SEC 28 NW 16N ROE 20W CUSTER SEC 28 ROE 20W CUSTER	SERVICE WELL		ONTAL HOLE						640	Acres	
MARCH RED 1802 18				DATE							
MANE MELBA 28-15-20	0031						1/27/201				
SE 14 SW 14 SW 14 SW 14 200 14 1855 Compact 1.882 Ground 1.855 SW 14 SW 1	NAME ME	LBA 28-15-20 NO	1H	1ST F	ROD DATE	(6/11/2012				
SERVICION 1,882		004/ 0001		RECO	MP DATE	5	7-23-201				
DEPAIL OF DEPA	ELEVATION	Latitude (if Known)		Longi	tude		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pate			<u> </u>
COMPLETION TYPE	OPERATOR										
COMPLETION TYPE CASING A CERENT (Form 1002C must be attached) VERTICAL TOWN CONTROL TOWN CONTR				отс/осс	OPERATOR	NO.	1/441	appared			
CASING A CEMENT (Form 1902)	F.O. BC										
COMPLETION TYPE MAINTHE ZONE	CITY OKLAH	OMA CITY	STATE	OK	ZIP	73	154				
MITAL TEST DATA	COMPLETION TYPE		CASING & CE	MENT (For	m 1002C mus	t be attache	d)		LOCAT	E WELL	
SURFACE 13 3/8" 48# J-55 590" 1,040 SURFACE 10,040 SURFACE 11,040 S			TYPE		SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP
NTERNEDIATE 9 5/8" 36# J-55 1.535' 840 SURFACE			SURFACE			48#	J-55	-	<u>.</u>		 -
LOCATION GROER NO. BEACH STONE OF THE CONTROL OF T			INTERMEDIA	ATE 1	9 5/8"	36#	I_55	1 535'			
INCREASED DERSITY GROBER NO GROB	LOCATION	602039 <i>F, O</i> ,	WTERMEDIA	TE2			-				
PACKER @ 1672 BRAND & TYPE	INCREASED DENSITY						+	· '	a		
PACKER B SHAND & TYPE PALIG B TYPE	ONDER NO.				7 1/2	13.5#	HCP-110	7700-13,113		510	7,740
PACKER B SHAND & TYPE PALIG B TYPE	PACKER @ 7672 BRAN	ID&TYPE ACO DII	L	TO/DE		BUUG O					13 115'
COMPLETION & TEST DATA BY PRODUCING FORMATION VIRGIL SPACING & SPACING GREEN NUMBER 188307 CLASS: OI, Gisa, Dry, Inj Disp, Corm Disp, Suc 8575 - 12991 PERFORATED NITERVALS ACID/VOLUME Yes (See or spinal) Minimum Gas Allowable (165-10-17-7) Gas Purchaser/Measurar 1st Sales Date NITIAL TEST DATA Oil Allowable (165-10-17-7) AS SUBMITTED ANTIAL TEST DATE 1/27/2015 Oil, GRAVITY (API) DIS-BUDAY OIL, GRAVITY (API)						_			TOTA	L DEPTH	13,113
SPACING S SPACING GAGO GAGO GAGO GAGO GAGO GAGO GAGO GA	COMPLETION & TEST DATA B	Y PRODUCING FORMATION	1001								
SPACING a SPACING ORDER NUMBER CALSS: Ol. Gas. Dry, bj. Disp, Cerm Disp, Sve 8575 - 12991 PERFORATED INTERVALS ACID/VOLUME Yes (See or iginal) Wes (see or iginal) Wes (see or iginal) Wes (see or iginal) Winimum Gas Allowable (185:10-17-7) OR 1st Sales Date Ol. Allowable (185:10-17-7) OR 1st Sales Date Ol. Allowable (185:10-17-7) OR 1st Sales Date Ol. BRANTIY (AP) DIL-SBLIDAY O. DIL-SBRADIY (AP) DIL-SBLIDAY O. DIL-SBRADIY (AP) DIL-SBLIDAY O. DIL-SBRADIY (AP) DIL-SBRADIY (AP	5001117011		VKGL								
GROER NUMBER LORS DIG SE Dry, Inj. Disp, Comm Disp, Svc 8575 - 12991 PERFORATED INTERVALS ACIDNOLUME Yes (see or viginal) FRACTURE TREATMENT Fluids/Prop Amounts) Minimum Gas Allowable (165:10-17-7) OR 1st Sales Date 1/27/2015 DIL-BBLIDAY OB ASSUBMITTED ASSUBMITTED ASSUBMITTED ASSUBMITTED ANTIAL TEST DATA OI Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 DIL-BBLIDAY O ASS SUBMITTED ASSUBMITTED ANTIAL SHUT-IN PRESSURE PHONE SIZE LOW TUBING PRESSURE CHOCKE SIZE LOW TUBING PRESSURE CHOCKE SIZE LOW TUBING PRESSURE SAFA EVERETK REGULATOR ON Under the 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 Everentt, Regulatory Analyst NAMER REGULATOR ON TASTS SAFA EVERETK ENGLISHOR ON TASTS AVERSON UNDER THE NOW ON TASTS AND THE STATE OF THE NOW ON THE PRINT OR TYPE) DATE PRINTED THE PROVING THE PRINT OR TYPE DATE PRINTED TH		-									
DISP. Comm Disp. Svc 1 emporarily Abandoned 8575 - 12991 8575 - 12991 PERFORATED INTERVALS 8575 - 12991 ACIDIVOLUME Yes (See or riginal) FRACTURE TERAIMENT Fluids/Prop Amounts) Fluids/Prop Amounts Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Intervals 1127/2015 DIL-BRUDAY 20 DIL-GRAVITY (AP) SAS-MCF/DAY 0 SAS-MCF/DAY 0 SAS-MCF/DAY 0 SAS-MCF/DAY 0 DIANGED FLOWING NITIAL SHUT-IN PRESSURE CHOW To blind or funding or funder 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. SAY AND FRESSURE NOTICE OF THE FORM THE STORE SIGNATURE PLOS BOX 18496 OKLAHOMA CITY OK 73154 SATA EVERET REQUISION A DATE PROME NUMBER PRONE NUMBER SATA EVERET REQUISION A DATE PRONE NUMBER PRONE	ORDER NUMBER										
PERFORATED INTERVALS ACID/VOLUME PEACTURE TREATMENT Prinds/Prop Amounts) Minimum Gas Allowable (165:10-17-7) OR 1st Sales Date NITIAL TEST DATA Oii Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 DIL-BRUDAY OI-BRUDAY	CLASS: Oil, Gas, Dry, Inj. Disp. Comm Disp. Svc.	Temporarily Abandoned	***								· <u>·</u>
PERFORATED INTERVALS ACID/VOLUME Yes (see or signal) FRACTURE TREATMENT Fluids/Prop Amounts) Minimum Gas Allowable (165:10-17-7) OR 1slales Date Minimum Gas Allowable (165:10-17-7) OR 1slales Date NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATA Oil Allowable (165:10-13-3) ASS SUBMITTED ASS SUBMITTED ASS SUBMITTED ANATER BIDLDAY OLI-GRAVITY (API) SAS-OLI RATIO CULT FIBBL NAVER-BIDLDAY OUMPING OR FLOWING NITIAL SHUT-IN PRESSURE HOKE SIZE FLOW TUBING PRESSURE Veccord of the formations drilled through, and pertunent 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 seport. which was presared 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. SAME EVERELT, Regulatory Analyst SAME EVERELT, Regulatory Analyst NAME (PRINT OR TYPE) DATE PHONE NUMBER ANAME (PRINT OR TYPE) DATE PHONE NUMBER		0575 40004	,								
ACID/VOLUME Yes (see or signal) Minimum Gas Allowable (165:10-17-7) OR OI Allowable (165:10-13-3) NITIAL TEST DATA OI Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 DIL-BRIDAY 20 DIL-GRAVITY (API) SAS-MCF/DAY 0 DASS SUBMITTED AAS SUBMITTED AAS SUBMITTED AAS SUBMITTED ANTER-BBIDDAY 0 PUMPING OR FLOWING NITIAL SHUT-IN PRESSURE CHOOK ESIZE LOW 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 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. SAIR Everett, Regulatory Analyst NAME (PRINT OR TYPE) PLO. BOX 18496 OKLAHOMA CITY OK 73154 sair a everette(chik.com)	PERFORATED	8575 - 12991	<u>-</u> .						-		
Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Ist Sales Date NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 OIL-BBUDAY 20 OIL-GRAVITY (API) SAS-MCF/DAY O SAS-MCF/DAY O PUMPING OR FLOWING NITIAL SHUT-IN PRESSURE CHOKE SIZE PLOW TUBING PRESSURE Arecord 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 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, Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER NAME (PRINT OR TYPE) DATE PHONE NUMBER	INTERVALS						-/				
Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Ist Sales Date NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 OIL-BBUDAY 20 OIL-GRAVITY (API) SAS-MCF/DAY O SAS-MCF/DAY O PUMPING OR FLOWING NITIAL SHUT-IN PRESSURE CHOKE SIZE PLOW TUBING PRESSURE Arecord 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 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, Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER NAME (PRINT OR TYPE) DATE PHONE NUMBER											
Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Ist Sales Date NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 OIL-BBUDAY 20 OIL-GRAVITY (API) SAS-MCF/DAY O SAS-MCF/DAY O PUMPING OR FLOWING NITIAL SHUT-IN PRESSURE CHOKE SIZE PLOW TUBING PRESSURE Arecord 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 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, Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER NAME (PRINT OR TYPE) DATE PHONE NUMBER	ACID/VOLUME	Yes (see original)								-	7200
Minimum Gas Allowable (165:10-17-7) Gas Purchaser/Measurer Ist Sales Date NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 OIL-BBUDAY 20 OIL-GRAVITY (API) SAS-MCF/DAY O SAS-MCF/DAY O PUMPING OR FLOWING NITIAL SHUT-IN PRESSURE CHOKE SIZE PLOW TUBING PRESSURE Arecord 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 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, Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER NAME (PRINT OR TYPE) DATE PHONE NUMBER	FRACTURE TREATMEMT	Yes (see original)				-					
OR OIL Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 DIL-GRAVITY (API) SAS-MCF/DAY 0 SAS-OIL RATIO CU FT/BBL WATER-BBL/DAY 0 PUMPING OR FLOWING NITIAL STED DATE LOW TUBING PRESSURE LOW TUBING PRESSURE LOW TUBING PRESSURE STATE OF THE OTHER OF THE ORDER OF THE	(Fluids/Prop Amounts)										107
OR OIL Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 DIL-GRAVITY (API) SAS-MCF/DAY 0 SAS-OIL RATIO CU FT/BBL WATER-BBL/DAY 0 PUMPING OR FLOWING NITIAL STED DATE LOW TUBING PRESSURE LOW 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 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, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara_everett@chk.com		Minimum Gas Allowable	/165:10:1	17-7)		Gas E	Purchaser/Mea	surer			
NITIAL TEST DATA Oil Allowable (165:10-13-3) NITIAL TEST DATE 1/27/2015 DIL-BBL/DAY 20 DIL-GRAVITY (API) GAS-MCF/DAY 0 GAS-OIL RATIO CU FT/BBL NATER-BBL/DAY 0 PUMPING OR FLOWING NITIAL 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 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. Sara Everett, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara_everett@chk.com		-	(100.10*)	,				-		.	
DIL-BBL/DAY DIL-GRAVITY (API) GAS-MCF/DAY O AS SUBMITTED GAS-MCF/DAY O 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 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. Sara Everett, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara everett@chk.com	INITIAL TEST DATA	Oil Allowable	(165:10-13-3)					-			
AS SUBMITTED GAS-MCF/DAY O GAS-MCF/DAY O DATE PUMPING OR FLOWING NITIAL 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 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. Sara Everett, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara.everett@chk.com	INITIAL TEST DATE			/////	//////	//////	//////	////	-		
GAS-OIL RATIO CU FT/BBL WATER-BBL/DAY O PUMPING OR FLOWING NITIAL 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 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. Sara Everett, Regulatory Analyst NAME (PRINT OR TYPE) DATE PHONE NUMBER P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara.everett@chk.com	OIL-BBL/DAY	20		/////	//////	//////	()()()()				
PUMPING OR FLOWING NITIAL SHUT-IN PRESSURE CHOKE SIZE FLOW TUBING PRESSURE CHOKE SIZE FLOW TUBING PRESSURE CHOKE SIZE FLOW TUBING PRESSURE STATE OF THE PRESSURE CHOKE SIZE FLOW TUBING PRESSURE STATE OF THE PRESSURE CHOKE SIZE FLOW TUBING PRESSURE STATE OF THE PRESSURE STATE OF THE PROOF THE				70	CII	DA	ITTE	n 🖳			
PUMPING OR FLOWING NITIAL SHUT-IN PRESSURE CHOKE SIZE FLOW TUBING PRESSURE CHOKE SIZE FLOW TUBING PRESSURE CHOKE SIZE FLOW TUBING PRESSURE STATE OF THE PRESSURE CHOKE SIZE FLOW TUBING PRESSURE STATE OF THE PRESSURE CHOKE SIZE FLOW TUBING PRESSURE STATE OF THE PRESSURE STATE OF THE PROOF THE		0	<u></u>	CH	ÐÜ	DIYI					
PUMPING OR FLOWING NITIAL 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 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. Sara Everett, Regulatory Analyst SIGNATURE P.O. BOX 19496 OKLAHOMA CITY OK 73154 Sara everett@chk.com						,,,,,,,	,,,,,,,	111/1			
NITIAL 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 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. Sara Everett, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara everett@chk.com			'//	/////			///////	/////			
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 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. Sara Everett, Regulatory Analyst SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER ADDRESS ADDRESS SETAL-EVERETT @CLARKERS ON SALE-EVERETT @CLARKERS ON SALE-	INITIAL SHUT-IN 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 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, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara everett@chk.com	CHOKE SIZE					+					
Sara Everett, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara everett@chk.com	FLOW TUBING PRESSURE			-	 <u>.</u>						
Sara Everett, Regulatory Analyst SIGNATURE P.O. BOX 18496 OKLAHOMA CITY OK 73154 Sara everett@chk.com	A record of the formations drilled	through, and pertinent remarks are presen	ted on the reverse	declare	hat I have kno	wiedge of the	e contents of "	is report and am suff	orized by F	/ organization	to make this
SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P.O. BOX 18496 OKLAHOMA CITY OK 73154 sara.everett@chk.com	report, which was prepared by me	or under my supervision and direction, wi	th the data and fac	ts stated he	erein to be true	e, correct, and	complete to t	he best of my knowle	dge and belie	r organization ef.	to make this
P.O. BOX 18496 OKLAHOMA CITY OK 73154 sara.everett@chk.com	SIGNATURE	<u> </u>	Sara Ev	erett, R	egulatory	Analyst			<u> </u>		
ADDRESS. CITY	P.O. BOX 18496	OKLAHOMA CITY					sara.e		.com	PHONE	NUMBER
	ADDRESS				ZIP						

PLEASE TYPE OR USE BLACK INK ONLY FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations LEASE NAME MELBA 28-15-20 drilled through. Show intervals cored or drillstem tested.

WELL NO. 1H

NAMES OF FORMATIONS	TOP	FOR COMMISSION USE ONLY	
BASE BROWN DOLOMITE	4,250	ITD on file YES NO	
BASE SHAWNEE	7,441	APPROVED DISAPPROVED	
BASE HEEBNER	7,749	2) Reject Codes	
DOUGLAS	8,401		
TONKAWA	8,444		
TONKAWA SANDSTONE	8,546	-	
TOTALONIONE	0,540		
		Were open hole logs run?yes	
		Date Last log was run	
		Was CO ₂ encountered? yes _X no at what depths?	
	1	Was H ₂ S encountered? yes X no at what depths?	
		Were unusual drilling circumstances encountered?	es <u>X</u> no
		If yes, briefly explain.	
Other remarks:			
Outer remarks.			
		The state of the s	
640 Acres BOTTON	HOLE LOCATION FOR	DIRECTIONAL HOLE	
SEC SEC	TWP R	GE COUNTY	
Spot Local		1/4 Feet From 1/4 Sec Lines FSL FV	 VL
Measured	1/4 1/4 I Total Depth T	tue Vertical Depth BHL From Lease, Unit, or Property Line:	VL
	·		
воттом	HOLE LOCATION FOR	HORIZONTAL HOLE: (LATERALS)	
1 ATEDA	44		

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 A	cres			_
				-		-
				1		
			-	-		_
					ĺ	
		_4				
		1				
-	-					_
		ľ				
	+		-+			
			-	-	-	-
		- 1				

LATENAL	#1											
	8	TWP	15N	RGE 2	20W	COUNTY		С	USTE	ER		
Spot Locat NW	ion 1/4	NE	1/4	NW	1/4	NW	1/4	Feet From 1/4 Sec Lines	FNL	199'	FWL	677'
Depth of Deviation		8,147	····	Radius o	f Turn	336	3	Direction 10	Total I	Length		4,440'
Measured [*]	Total	Depth		True Ver	tical De	∍pth		BHL From Lease, Unit, or F	roperty	/ Line:		
	13.	115'			8.4	483'			19	o'		

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	2/2	Radius of Turn		Direction	Total Length	
Measured Total Depth True Vertical De		epth	BHL From Lease, Unit, or Property Line:		e:	

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 Leng	th
Measured Total Depth True Vertical De		Pepth	BHL From Lease, Unit, or Property Line:		9:	