

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000  
REV 1996

157827

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1 OTC/OCC OPERATOR NUMBER  
17441  
2 API NUMBER  
15322808

OKLAHOMA CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
JIM THORPE BUILDING  
P.O. BOX 52000  
OKLAHOMA CITY, OK 73152-2000  
(RULE 165-10-3-1)

BATCH NUMBER (OCC USE ONLY)  
06015213

NOTICE OF INTENT TO  
 DRILL    RECOMPLETE    (CHECK ONLY ONE)  
 REENTER    DEEPEN    AMEND - REASON \_\_\_\_\_

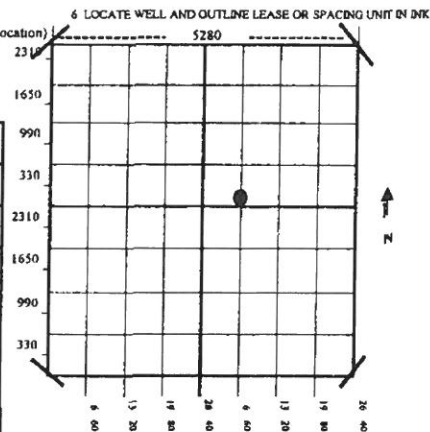
NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.  
4. TYPE OF DRILLING OPERATION >>>>>>>> (NOTE: If directional or horizontal, see reverse side for bottom hole location)

STRAIGHT HOLE    DIRECTIONAL HOLE    HORIZONTAL HOLE  
 OIL/GAS    INJECTION    DISPOSAL    WATER SUPPLY

5. WELL LOCATION  
SECTION 18    TOWNSHIP 24N    RANGE 17W    COUNTY WOODWARD  
SPOT LOCATION S/2 S/2 SW 1/4 NE 1/4  
FEET FROM QUARTER from SOUTH LINE 165'    from WEST LINE 660'

7. Well will be 1,980' feet from nearest unit or property boundary  
LEASE NAME: WHITE    WELL NUMBER: 1-18  
NAME OF OPERATOR: CHESAPEAKE OPERATING, INC.  
ADDRESS: P.O. BOX 18496    PHONE (AC/NUMBER): 405-848-8000  
CITY: OKLAHOMA CITY    STATE: OK    ZIP CODE: 73154

10. SURFACE OWNER (one only, attach sheet for additional owners)  
EARL E. WHITE  
ADDRESS: RT. 2; BOX 92  
CITY: MOORELAND    STATE: OK    ZIP CODE: 73852



14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)

1) TONKAWA	406 TNKW	5,420'	6) RED FORK	404 RDFK	6,420'
2) COTTAGE GROVE	405 CGGU	5,855'	7) CHESTER LIME	354 CRLM	6,505'
3) OSWEGO	404 OSWG	6,155'	8) MERAMEC	353 MRMC	7,060'
4) VERDIGRIS	404 VRDG	6,260'	9)		
5) SKINNER	404 SKNR	6,345'	10)		

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S)  
640 - 80667 (1, 2, 3, 6, 7, 8); 129182 (4, 5)

16. PENDING APPLICATION C/D NO.    17. LOCATION EXCEPTION ORDER NO.    18. INCREASED DENSITY ORDER NO.  
19. TOTAL DEPTH 7,195'    20. GROUND ELEV 1,749'    21. DEPTH TO BASE OF THE 2002' R    22. SURFACE CASING 1,000'    23. NET CASING PROG. USED? N  
OCC USE ONLY

24. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31)  
A Cement will be circulated from total depth to ground surface on the production casing string.  
B Cement will be circulated from depth to depth by use of a two stage cementing tool.  
25. PIT INFORMATION: Type of mud system: X WATER BASE    OIL BASED    GAS BASED(AIR DRILL)  
Expected mud chloride content: maximum 25000 ppm, average 8000 ppm  
Type of Pit System: on-site, off-site, X closed. If off-site, specify location:  
D Is depth to top of ground water greater than 10 ft below base of pit? X Y N  
E Within 1 mile of municipal water well? Y X N    OFFSITE PIT #  
Wellhead Protection Area Y X N

26.1. OCC USE ONLY  
A. Category 1A 1B 2 3 4 5  
B. Pit Location Alluvial Plain/Terrace Deposit Bedrock Aquifer Other HSA X Non-HSA Fin Blaine  
C. Special area or field rule? D DEEP SCA? Y N Yield > 50 E. CBL required? Y N  
F. SOB or GEOMEMBRANE LINER REQUIRED? Y N    GEOMEMBRANE LINER REQUIRED? Y N    20 mil 30 mil

27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED)  
A. Evaporation/dewater and backfilling of reserve pit  
B. Solidification of pit contents  
C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation)  
X D One time land application (REQUIRES PERMIT) PERMIT # 05-6886  
E Haul to Commercial pit facility, Specify site:  
F Haul to Commercial soil farming facility, Specify site:  
G Haul to recycling/re-use facility, Specify site:  
X Other, Specify: CLOSED SYSTEM - STEEL TANKS

I hereby certify I am authorized to submit this two page application prepared by me or under my supervision.  
The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

SIGNATURE: Robert H Campbell    NAME(Print or Type): BOB CAMPBELL    PHONE(AC/NUMBER): 405-848-8000    DATE: June 1, 2005

NOTICE: Approval is void if operations have not commenced within six months of the date of approval.  
An approved permit must be posted at the location during drilling and completion operations.  
File the Form 1001A, Spud Report, within fourteen days of commencement of operations.  
CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION.

S E C  
18  
24N  
WHITE  
17W  
1-18

25.2. PIT INFORMATION - PIT #2

A. Type of mud system: WATER BASED OIL BASED GAS BASED(AIR DRILL)

B. Expected mud chloride content: maximum : ppm; average : ppm

PIT # 2 C. Type of Pit System: on-site: \_\_\_ off-site: \_\_\_ closed. If off-site, specify location: \_\_\_\_\_

D. Is depth to top of ground water greater than 10 ft below base of pit? Y \_\_\_ N

E. Within 1 mile of municipal water well? Y \_\_\_ N

F. Wellhead Protection Area \_\_\_ Y \_\_\_ N OFFSITE PIT # \_\_\_\_\_

29. Bottom Hole Location for Directional Hole:

SPOT LOCATION:	1/4	1/4	1/4	1/4	SECTION LINES:	from SOUTH LINE	from WEST LINE
Measured Total Depth:	True Vertical Depth		BHL from Lease, Unit, or Property Line:				

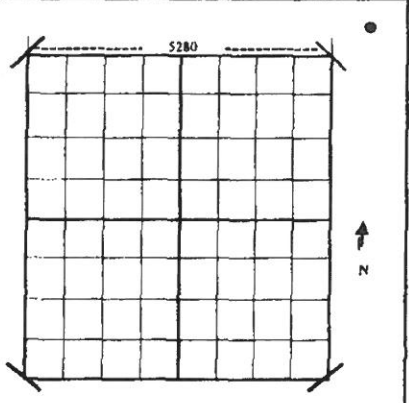
30. Bottom Hole Location for Horizontal Hole: (DRAINHOLES)

DRAIN HOLE #1:

SPOT LOCATION:	1/4	1/4	1/4	1/4	SECTION LINES:	from SOUTH LINE	from WEST LINE
Depth of Deviation	Radius of turn		Direction		Total Length		
Measured Total Depth:	True Vertical Depth		End point location from lease, unit or property line:				

DRAIN HOLE #2:

SPOT LOCATION:	1/4	1/4	1/4	1/4	SECTION LINES:	from SOUTH LINE	from WEST LINE
Depth of Deviation	Radius of turn		Direction		Total Length		
Measured Total Depth:	True Vertical Depth		End point location from lease, unit or property line:				



- If more than two drainholes are proposed, attach 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 legal boundaries of the lease or spacing unit. Directional surveys are required for all drainholes and directional wells.

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

(signature on front of this form attests to this affidavit)

- This well \_\_\_ WILL \_\_\_ WILL NOT ) penetrate any known lost circulation zones.
- During the drilling of this well, withdrawals from any water well within 1/4 mile ( \_\_\_ WILL \_\_\_ WILL NOT ) exceed 50 gallons per minute.
- List the following for all water wells within 1/4 mile of this well. (Information concerning some water wells may be obtained from the OKLAHOMA WATER RESOURCES BOARD, P.O. Box 150 Oklahoma City, OK 73101--0150) If no water wells are found, so state ( ATTACH ADDITIONAL SHEET IF NECESSARY )

Name of Owner/Operator \_\_\_\_\_ Address of Owner/Operator \_\_\_\_\_ Location (Nearest 1/4 1/4 1/4) \_\_\_\_\_ Deepest producing interval \_\_\_\_\_

4. The projected depth of the well \_\_\_ IS \_\_\_ IS NOT less than 100 feet from the top of any enhanced recovery project or gas storage facility.

5. A cement bond log is required to be run and submitted from not less than 100 feet below the base of the treatable water-bearing formation to the surface.

6. If casing depth is more than 250 feet deeper than base of the treatable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken.

INTENT TO DRILL CHECKLIST	OCC USE ONLY	OCC USE ONLY	OCC USE ONLY
APPROVED	REJECTED		
<i>DM</i>	<i>R</i>	<i>R</i>	<i>R</i>
1. SURETY <i>BND</i>		<i>80667/640</i>	
A. NONE filed.		<i>X to 36726/56913 CRLM</i>	
B. EXPIRED Date <i>0</i>		<i>X to 34682/50919 CGBU</i>	
C. OUTSTANDING CONTEMPT ORDER		<i>USL, TNRW, OSWG, RDRK, MRMC</i>	
2. INTENTS		<i>ORWA</i>	
3. SPACING		<i>129182/640</i>	
4. GEOLOGY		<i>USL URDG, SKNR</i>	
A. SURFACE CASING		<i>487711/1D. (3 wells) Chesapeake</i>	
1. Insufficient amount, Requires ___ feet.		<i>18-24N-17W</i>	
2. Insufficient Alternate Casing Program		<i>X to 80667 OSWG, CRLM, MRM</i>	
3. No Affidavit Submitted for Alternative Casing Program			
4. Reentry requires ___ feet, only ___ current			
B. UNSPACED: Less than 2500 ft (165') More than 2500 ft (330')			
Only ___ ft from N/S and ___ ft from E/W line			
C. SPACED: SPACING ORDER No. _____			
1. Square Pattern: 2.5, 10, 40, 160, 640			
2. Rectangular pattern: 5, 20, 80, 320			
NW/SE or NE/SW			
3. Rectangular slot pattern: 5, 20, 80, 320			
Prior to 1971 (Y, N) SUI/D			
D. LOCATION EXCEPTION:			
1. Surface Hole Location different			
2. Bottom Hole Location different			
E. PENDING APPLICATION Spacing/Location Exception			
C.D. No. _____			
H.O.M. DATE _____			
F. OPERATOR NAME DIFFERENT in order No. _____			
Name on order _____			
Location Exception/Increased Density/Pooling			
G. Increased Density/Location Exception EXPIRED			
Order Expired: Date _____			
H. Outline Lease or Property Boundary			

OKLA CORP COMM RECEIPT 055580017  
 Date: 06/01/2005 Time: 09:21  
 Case: 000000000 Cashier: TRH  
 Payer: CHESAPEAKE OPERATING INC

Check 2779 \$100.00  
 46 Intent to Drill

6/2/05

DO NOT WRITE INSIDE THIS BOX

Approval Date: 06/02/2005  
Expiration Date: 12/02/2005

API Number: 153-22808

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE  
County: WOODWARD  
Spot Location: S2 S2 SW4 NE4  
Feet From: SOUTH 1/4 Section Line 165 Feet From: WEST 1/4 Section Line 660  
Lease Name: WHITE

Well Type: OIL/GAS  
Well Location: Sec: 18 Twp: 24N Rge: 17W  
Feet from the nearest lease line: 1980

Operator Name: CHESAPEAKE OPERATING INC.  
TELEPHONE: (405) 848-8000

Surface Owner Address  
EARL E WHITE  
RT 2 BOX 92  
MOORELAND OK 73852

Operator Return Address  
CHESAPEAKE OPERATING INC.  
P.O. BOX 18496  
OKLAHOMA CITY OK 73154

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

Formation Codes, Names, Depths, (Permit Valid For Listed Formations Only):

(1) 406TNKW	TONKAWA	/SAND/	5420	(2) 405CGGV	COTT GRVE	5855
(3) 404OSWG	OSWEGO	/LM/	6155	(4) 404VRDG	VERDIGRIS	6260
(5) 404SKNR	SKINNER	/SD/	6345	(6) 404RDFK	RED FORK	6420
(7) 354CRLM	CHESTER LM		6505	(8) 353MRMC	MERAMEC	7060

Spacing Order Numbers: 80667 129182

Special Orders:

Pending CD Numbers: Location Exception Orders: Increased Density Orders: Depth: Elevation Casing: Surface Casing: Depth to base of Treatable Water-Bearing FM:

487711 7195 1749 1000 200

PIT 1 INFORMATION:

Type of Pit System: CLOSED  
 Type of Mud System: WATER BASED  
 Expected Chloride Content of Pit: Maximum 25000 PPM; Average 8000 PPM  
 Pit is not located in a Hydrologically Sensitive Area.  
 Determination of Hydrologically Sensitive Area not required.  
 Category of Pit:

Pit Location is NON-HSA.  
 Pit Location Formation: BLAINE  
 Surface Casing Affidavit, Yield Greater Than 50: NO

Approved Method for disposal of Drilling Fluids:  
 One Time Land Application, Permit Number 05-6886.  
 CLOSED SYSTEM - STEEL TANKS

This permit does not address the right of entry or settlement of surface damages. The duration of this permit is Six Months, except as otherwise provided by Rule 165: 10-3-1.

Rule 165: 10-3-4 (E) - The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.

API NO. 35-153-22808  
 OTC PROD. UNIT NO. 153-116527  
 ORIGINAL  
 AMENDED  
 Reason Amended

COMPLETION REPORT  
 OKLAHOMA CORPORATION COMMISSION  
 Oil & Gas Conservation Division  
 P. O. Box 52000  
 Oklahoma City, Oklahoma 73152-2000

157827  
 510172018  
 354 CRLM  
 Form 1002A  
 Rev. 2001

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	CHESTER LIME	ADDITIONAL PERFS
SPACING & SPACING	640	6720-6725
ORDER NUMBER	80667	6750-6758
CLASS: Oil, Gas, Dry, Inj. Disp. Comm Disp	GAS	6769-6772
PERFORATED INTERVALS	6538-6541 6548-6562 6570-6575 6610-6622 6643-6648	6894-6900 6911-6913 6947-6950 6974-6976 6988-6996 7008-7018
ACIOMVOLUME		
Fracture Treated?	87,000# sand	
Fluids Amounts	7548 BLW	

LOCATE WELL	OTC/OCC OPERATOR NO.
	17441

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

TYPE OF DRILLING OPERATION  
 STRAIGHT HOLE  
 DIRECTIONAL HOLE  
 HORIZONTAL HOLE

If directional or horizontal, see reverse for bottom hole location.

COUNTY: WOODWARD  
 SEC: 18  
 TWP: 24N  
 RGE: 17W  
 WELL NO.: 1-18

SHL: S2  
 SW 1/4 NE 1/4 165 FSL 660 FWL OF 1/4 SEC  
 ELEVATION 1764 Ground  
 SPUD DATE 6/27/2005  
 DERRICK FL 1764  
 DRLLG FINISHED 7/8/2005  
 WELL COMPLETION 9/5/2005  
 1ST PROD DATE 8/26/2005  
 RECOMP DATE

OPERATOR NAME: CHESAPEAKE OPERATING, INC.  
 ADDRESS: P. O. BOX 18496  
 CITY: OKLAHOMA CITY  
 STATE: OK  
 ZIP: 73154

INITIAL TEST DATA	INITIAL TEST DATE
OIL-BLUDAY	9/5/2005
OIL-GRAVITY ( API)	47
GAS-MCF/DAY	1162
GAS-OIL RATIO CU FT/BBL	24.723
WATER-BBL/DAY	85
PUMPING OR FLOWING	Flowing
INITIAL SHUT-IN PRESSURE	
CHOKE SIZE	21/64
FLOW TUBING PRESSURE	750

COMPLETION TYPE	OIL OR GAS ZONES	TOP	BOTTOM
X SINGLE ZONE	CHESTER LIME	6535	7085
MULTIPLE ZONE ORDER NO.			
COMINGLED ORDER NO.			
LOCATION EXCEPTION ORDER NO.			
INCREASED DENSITY ORDER NO.			
PENALTY			

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	8 5/8	24#	J-55	1047		455		SURFACE
Intermediate								
Production	5 1/2	17#	J-55	7245		255		5770
Liner								

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ TOTAL DEPTH 7,245

PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

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.

SIGNATURE: *David Craycraft*  
 NAME (PRINT OR TYPE): DAVID CRAYCRAFT - DISTRICT MANAGER

P. O. BOX 18496  
 ADDRESS: OKLAHOMA CITY OK STATE 73154 ZIP  
 10/12/2005  
 DATE: 405-848-8000 PHONE NUMBER

PLEASE TYPE OR USE BLACK INK ONLY  
FORMATION RECORD

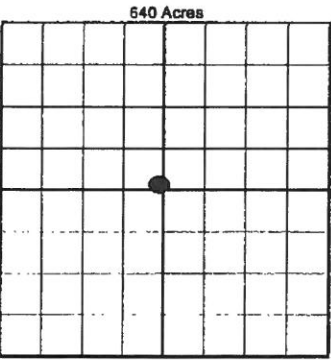
Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested. LEASE NAME WHITE WELL NO. 1-18

NAMES OF FORMATIONS	TOP	SUBSEA
B/HIEBNER	5,073	3,308
ENDICOTT	5,138	3,373
TORONTO	5,146	3,381
TONKAWA	5,410	3,645
LANSING / KANSAS CITY	5,807	4,042
OSWEGO	6,179	4,414
RED FORK	6,441	4,678
CHESTER LIME	6,535	4,770
MERAMEC	7,085	5,320

FOR COMMISSION USE ONLY	
APPROVED <i>[Signature]</i>	DISAPPROVED
1) ITD Section	
a) No Intent to Drill on file	
1) Send warning letter _____	
2) Recommend for contempt _____	
2) Reject Codes	
_____	
_____	
_____	
_____	

Were open hole logs run?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Date Last log was run	7/7/2005	
Was CO <sub>2</sub> encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Was H <sub>2</sub> S encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If yes, briefly explain.		

Other remarks:



**BOTTOM HOLE LOCATION**

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

**BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)**

**DRAINHOLE #1**

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
FSL		FWL	
Measured Total Depth		True Vertical Depth	
End Pt Location From Lease, Unit or Property Line:			

If more than two 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.

**DRAINHOLE #2**

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
FSL		FWL	
Measured Total Depth		True Vertical Depth	
End Pt Location From Lease, Unit or Property Line:			



API NO. 35-153-22808  
 OTC PROC UNIT NO. 153-116527

Rule 165-10-3-25  
 ORIGINAL  
 AMENDED  
 Reason Amended

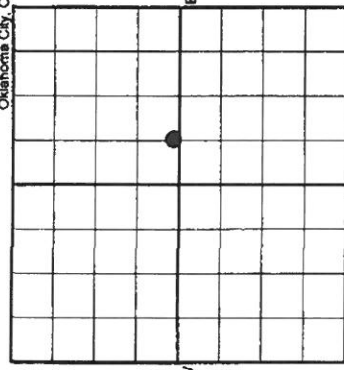
COMPLETION REPORT  
 OKLAHOMA CORPORATION COMMISSION  
 Oil & Gas Conservation Division  
 P. O. Box 52000  
 Oklahoma City, Oklahoma 73152-2000

157827  
 510172018

Form 1002A  
 Rev. 2001

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	CHESTER LIME	ADDITIONAL PERFS
SPACING & SPACING	640	6722-6725
ORDER NUMBER	80667	6750-6758
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp	GAS	6769-6772
	6538-6541	6894-6900
	6548-6562	6911-6913
PERFORATED	6570-6575	6947-6950
INTERVALS	6586-6588	6974-6976
	6610-6622	8988-6996
ACID VOLUME	6643-6648	7008-7018
Fracture Treated?	87,000# sand	
Fluids Amounts	7548 BLW	



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

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

COUNTY    SEC    TWP    RGE    WELL NO.  
 WOODWARD    18    24N    17W    1-18

LEASE NAME    SPUD DATE  
 WHITE    6/27/2005

S2    SW    1/4    NE    1/4    165 FSL    660 FWL OF 1/4 SEC  
 ELEVATION    1764    Ground    1749

DRLLG FINISHED    WELL COMPLETION    RECOMP DATE  
 7/8/2005    9/5/2005

1ST PROD DATE    8/26/2005

OPERATOR NAME    CHESAPEAKE OPERATING, INC.  
 ADDRESS    P. O. BOX 18496  
 CITY    OKLAHOMA CITY    STATE    OK    ZIP    73154

COMPLETION TYPE    OIL OR GAS ZONES    STATE    OK    ZIP    73154

SINGLE ZONE    TOP    BOTTOM

MULTIPLE ZONE ORDER NO.    6535    7085

COMMINGLED ORDER NO.

LOCATION EXCEPTION ORDER NO.    N/A

INCREASED DENSITY ORDER NO.    487711

PENALTY

LOCATE WELL  
 OTC/OCC OPERATOR NO.  
 17441

INITIAL TEST DATA	INITIAL TEST DATE
OIL-BBL/DAY	9/5/2005
OIL-GRAVITY ( API)	47
GAS-MCF/DAY	1162
GAS-OIL RATIO CU FT/BBL	24,723
WATER-BBL/DAY	85
PUMPING OR FLOWING	Flowing
INITIAL SHUT-IN PRESSURE	
CHOKE SIZE	2 1/8"
FLOW TUBING PRESSURE	750

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.

SIGNATURE

DAVID CRAYCRAFT - DISTRICT MANAGER  
 NAME (PRINT OR TYPE)

P. O. BOX 18496    OKLAHOMA CITY    OK    STATE    73154    ZIP  
 ADDRESS  
 10/12/2005    405-848-8000    PHONE NUMBER  
 DATE

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP	BOTTOM
Conductor									
Surface	8 5/8	24#	J-55	1047		455			SURFACE
Intermediates									
Production	5 1/2	17#	J-55	7245		255			5770
Liner									
								TOTAL DEPTH	7,245

PACKER @    BRAND & TYPE    TOTAL DEPTH    7,245

PLUG @    TYPE


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 WHITE

WELL NO. 1-18

NAMES OF FORMATIONS	TOP	SUBSEA
B/HEEBNER	5,073	3,308
ENDICOTT	5,138	3,373
TORONTO	5,146	3,381
TONKAWA	5,410	3,645
LANSING / KANSAS CITY	5,807	4,042
OSWEGO	6,179	4,414
RED FORK	6,441	4,678
CHESTER LIME	6,535	4,770
MERAMEC	7,085	5,320

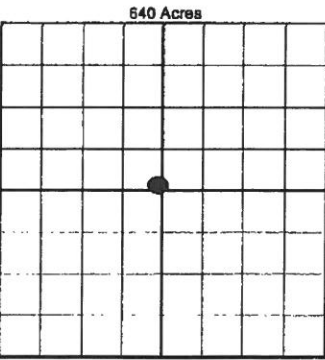
FOR COMMISSION USE ONLY	
APPROVED 	DISAPPROVED _____
1) ITD Section	
a) No Intent to Drill on file _____	
1) Send warning letter _____	
2) Recommend for contempt _____	
2) Reject Codes _____	
_____	
_____	
_____	

Were open hole logs run?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Date Last log was run	7/7/2005	
Was CO <sub>2</sub> encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Was H <sub>2</sub> S encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If yes, briefly explain.		

Other remarks:

\_\_\_\_\_

\_\_\_\_\_



**BOTTOM HOLE LOCATION**

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

**BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)**

**DRAINHOLE #1**

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
		Total Length	
Measured Total Depth		True Vertical Depth	
		End Pt Location From Lease, Unit or Property Line:	

If more than two 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.

**DRAINHOLE #2**

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
		Total Length	
Measured Total Depth		True Vertical Depth	
		End Pt Location From Lease, Unit or Property Line:	

TEST:  INITIAL  
 ANNUAL  
 RETEST

BACK PRESSURE TEST FOR NATURAL GAS WELLS

157827

OAC 165-10-17-6  
*11/10/05*  
DATE OF TEST

*ID# 487711*

Please type or print using black ink

10/13/2005

DATE OF 1ST SALES 8/26/2005

Operator <b>CHESAPEAKE OPERATING, INC.</b>		Operator No. <b>17441</b>	Phone No. <b>405-767-4266</b>	
Address <b>P.O. BOX 18496</b>		OTC Lease No. <b>153-116527, 101130</b>		
City <b>OKLAHOMA CITY</b>	State <b>OK</b>	Zip <b>73154</b>	API No. <b>35-153-22808</b>	
Gas Meterer/Meas. <b>CHESAPEAKE OPERATING, INC.</b>		Meas. No. <b>17441</b>	Well Name/No. <b>WHITE 1-18</b>	
Location within Sec. <b>S2 S2 SW NE</b>		Bottom hole location (if different from surface)		Sec <b>18</b> Twp <b>24N</b> Rge <b>17W</b>
Producing Zone <b>CHESTER LIME</b>			County <b>WOODWARD</b>	
Field	Allocated Pool No.	Unallocated	Spacing Unit Size <b>640</b>	

COMPLETION:  Single  Multiple Zone  Commingled  Recompletion Date of Completion 9/5/2005

Total Depth	Plug Back Depth	Packer Set Depth	Elevation
Csg Size	WT d	Depth Set	Perfs.
Tbg Size	WT d	Depth Set	Perfs.
Prod. Thru	Res. Temp. F @	Mean Grd. Temp. F	Atm. Press. PSIA
L	H	G <sub>0</sub>	%CO <sub>2</sub> %N <sub>2</sub> H <sub>2</sub> S(ppm) Prover Meter Run Taps
FLOW DATA			
(PROVER)		DIFF.	
(LINE) X ORIFICE	PRESS	(INCHES)	TEMP.
SIZE SIZE	PSIG	(ROOTS)	F
NO.			
Shut-In Pressure			500
1			
2			
3			
4			

RATE OF FLOW CALCULATIONS

NO.	COEFFICIENT (24 HOUR)	$\sqrt{h_w P_m}$	PRESSURE P <sub>m</sub>	FLOW TEMP. FACTOR F <sub>t</sub>	GRAVITY FACTOR F <sub>g</sub>	SUPER COMPRESS FACTOR F <sub>pw</sub>	RATE OF FLOW (Q) MCFD
1							
2							
3							
4							

RECEIVED

NO.	P <sub>r</sub>	TEMP. R	T <sub>r</sub>	Z

OCT 28 2005

OKLA. CORP. COMM. PRODUCTION/PROPRATION DEPT.

Gas/Liquid Hydrocarbon Ratio	MCF/BBL
API Gravity of Liquid Hydrocarbons	Deg.
Specific Gravity Separator Gas	
Specific Gravity Flowing Fluid	
Critical Pressure	PSIA
Critical Temperature	R

P<sub>c</sub> 514.4 P<sub>c</sub><sup>2</sup>

NO.	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>

[1]  $\frac{P_c^2}{P_c^2 - P_w^2} =$  (Not to exceed 5.283) [2]  $\frac{P_c^2}{P_c^2 - P_w^2} =$

WHAOF=Q  $\frac{P_c^2}{P_c^2 - P_w^2} =$

Calculated wellhead open flow MCFD @ 14.65 Angle of Slope Slope, n

THIS IS A MINIMUM WELL. WELLHEAD SHUT-IN PRESSURE ONLY.

Approved by Commission: Conducted by: Calculated by: Checked by:

*[Signature]*  
10/31/05

(over)

ASSET MANAGER: ppu



IF THE ALLOWABLE FOR THIS WELL HAS BEEN ADJUSTED BY COMMISSION ORDER, PLEASE GIVE THE ORDER NUMBER(S) IN ONE OR MORE OF THE CATEGORIES BELOW:

INCREASED DENSITY 487711 LOCATION EXCEPTION N/A

COMINGLING \_\_\_\_\_ MULTIPLE ZONE \_\_\_\_\_

SEPARATE OR SPECIAL ALLOWABLE \_\_\_\_\_

OTHER PENALTY ORDER(S) \_\_\_\_\_

\*FOR THESE ORDER TYPES, PLEASE DESCRIBE ALLOWABLES AND/OR PENALTIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

  
SIGNATURE

DAVID CRAYCRAFT - DISTRICT MANAGER  
TITLE

CHESAPEAKE OPERATING, INC.  
COMPANY

10/17/2005  
DATE

405-879-4053  
PHONE NO.

- Pc SHUT-IN PRESSURE, PSIA (LENGTH OF SHUT-IN MINIMUM OF 24 HOURS).
- Pw STATIC COLUMN WELLHEAD PRESSURE CORRESPONDING TO THE FLOWING WELLHEAD PRESSURE, PSIA (TO BE RECORDED AT END OF EACH FLOW RATE.) THE VALUE OF Pw SHOULD NOT EXCEED 90% OF Pc.
- Gg SPECIFIC GRAVITY OF SEPARATOR GAS (AIR = 1.000).
- L LENGTH OF THE FLOW STRING FROM THE MIDDLE OF THE PRODUCING FORMATION TO THE PRESSURE POINT AT WELLHEAD, FEET.
- H VERTICAL DEPTH CORRESPONDING TO L, FEET.
- Q 24 HOUR RATE OF FLOW, MCF/D.
- d INSIDE DIAMETER, INCHES.
- R DEGREES, RANKINE (DEGREES FAHRENHEIT ABSOLUTE).
- Pr REDUCED PRESSURE, DIMENSIONLESS.
- Tr REDUCED TEMPERATURE, DIMENSIONLESS.
- Z COMPRESSIBILITY FACTOR, DIMENSIONLESS.

API No.  
**153-22808**

OTC/OCC Operator No.  
**17441**

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
Rev. 1998

*KL*

*157827*

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

**TYPE OR USE BLACK INK ONLY**

*Field Name				OCC District	<b>2</b>
*Operator	<b>CHESAPEAKE OPERATING</b>			OCC/OTC Operator No	<b>17441</b>
*Well Name/No.	<b>WHITE 1-18</b>			County	<b>WOODWARD</b>
*Location	<b>S2 → S2 NE SW 1/4 NE 1/4</b>	Sec	<b>18</b>	Twp	<b>24N Rge 17W</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		<b>6/27/2005</b>				
*Size of Drill Bit (Inches)		<b>12 1/4"</b>				
*Estimated % wash or hole enlargement used in calculations		<b>100</b>				
*Size of Casing (inches O.D.)		<b>8 5/8"</b>				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		<b>1047</b>				
Type of Cement (API Class) in first (lead) or only slurry		<b>HLC PP</b>				
In second slurry		<b>PREM PLUS</b>				
In third slurry						
Sacks of Cement Used in first (lead) or only slurry		<b>320</b>				
In second slurry		<b>135</b>				
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		<b>666</b>				
In second slurry		<b>181</b>				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		<b>1811</b>				
Cement left in pipe (ft)		<b>45.63</b>				

\*Amount of Surface Casing Required (from Form 1000) \_\_\_\_\_ ft.

*Was cement circulated to Ground Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth?	_____ ft.

**CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM**

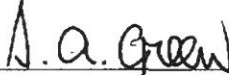
\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks  
**Cement #1: HLC PP: 2%CC - 1/4#FLOCELE \* Cement # 2:  
 PREM PLUS: 2%CC - 1/4#FLOCELE \* Cement #3: 0: 0 \*  
 Cement #4: 0: 0 \* Cement #5: :**

\*Remarks

**CEMENTING COMPANY**


I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.



Signature of Cementer or Authorized Representative

**OPERATOR**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.



Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
<b>Scott Green - Service Supervisor</b>	
Halliburton Energy Services	
Address	
<b>1100 West Pancake Blvd</b>	
City	
<b>Liberal</b>	
State	Zip
<b>Kansas</b>	<b>67901</b>
Telephone (AC) Number	
<b>800-853-3555</b>	
Date	
<b>June 28, 2005</b>	

**KERRY LETOURNEAU, DRILLING ENGINEER  
 CHESAPEAKE OPERATING, INC.  
 PO BOX 18496  
 OKLAHOMA CITY, OK 73154  
 (405) 848-8000**

*City	
*State	*Zip
*Telephone (AC) Number	
*Date	

**INSTRUCTIONS**

- This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
  - An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
  - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**

API No.  
**153-22808**

OTC/OCC Operator No.  
**17441**

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
Rev. 1995

*KL*

*157827*

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

**TYPE OR USE BLACK INK ONLY**

*Field Name				OCC District	<i>2</i>
*Operator	<b>CHESAPEAKE OPERATING</b>			OCC/OTC Operator No	<i>17441</i>
*Well Name/No.	<b>WHITE 1-18</b>			County	<b>WOODWARD</b>
*Location	<i>S2</i> <del>W2</del> <i>S2</i> <del>SW</del> <i>NE</i> <sub><i>1/4</i></sub>	Sec	<b>18</b>	Twp	<b>24N</b>
				Rge	<b>17W</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					<b>7/8/2005</b>	
*Size of Drill Bit (Inches)					<b>7 7/8</b>	
*Estimated % wash or hole enlargement used in calculations					<b>30</b>	
*Size of Casing (inches O.D.)					<b>5 1/2</b>	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					<b>7245</b>	
Type of Cement (API Class) in first (lead) or only slurry					<b>HTLD PP</b>	
In second slurry						
In third slurry						
Sacks of Cement Used in first (lead) or only slurry					<b>255</b>	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15) in first (lead) or only slurry					<b>538</b>	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					<b>3072</b>	
Cement left in pipe (ft)					<b>44</b>	

\*Amount of Surface Casing Required (from Form 1000) \_\_\_\_\_ ft.

*Was cement circulated to Ground Surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if so, Attach Copy)	*If Yes, at what depth?	_____ ft.

**CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM**

\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks  
**Cement #1: HTLD PP: 10#GILSONITE - .5%HALAD-9 - .5%D-AIR-3000 - .2%FWCA \* Cement # 2: 0: 0 \* Cement #3: 0: BRING CEMENT WEIGHT UP SLOWLY \* Cement #4: 0: BRING BACK FLOAT COLLAR \* Cement #5: :**

\*Remarks

**CEMENTING COMPANY**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

*S. C. Green*

Signature of Cementer or Authorized Representative

**OPERATOR**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

*Kerry A. Letourneau*

Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
<b>Scott Green - Service Supervisor</b>	
Halliburton Energy Services	
Address	
<b>1100 West Pancake Blvd</b>	
City	
<b>Liberal</b>	
State	Zip
<b>Kansas</b>	<b>67901</b>
Telephone (AC) Number	
<b>800-853-3555</b>	
Date	
<b>July 8, 2005</b>	

**KERRY LETOURNEAU, DRILLING ENGINEER**  
**CHESAPEAKE OPERATING, INC.**  
 PO BOX 18496  
 OKLAHOMA CITY, OK 73154  
 (405) 848-8000

*City	
*State	*Zip
*Telephone (AC) Number	
*Date	

**INSTRUCTIONS**

- This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
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- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**



NOTIFICATION OF WELL SPUD

157827

OKLAHOMA CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
P. O. BOX 52000  
OKLAHOMA CITY, OKLAHOMA 73152-2000  
(RULE NO. 165: 10-3-2)



OTC/OCC Operator Number: 17441-0

API Number: 153-22808

DATE: 06/02/2005

Date of Well Spud/Re-Entry: 6/27/05

Name of Operator: CHESAPEAKE OPERATING INC  
Address: P.O. BOX 18496  
OKLAHOMA CITY OK 73154

Phone: (405) 848-8000

WELL LOCATION

Lease Name: WHITE  
Well Number: 1-18  
Location: 18-24N-17W  
S2 S2 SW4 NE4  
WOODWARD

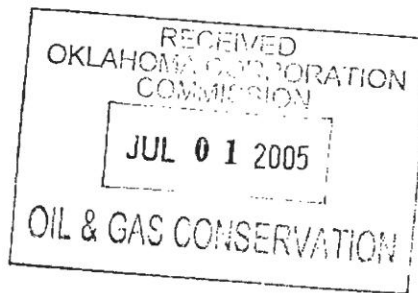
INSTRUCTIONS (PLEASE FOLLOW)

PLEASE TYPE OR USE BLACK INK

- 1) This report must be completed in duplicate and mailed within fourteen (14) days, after spudding, to the Corporation Commission at the above address.
- 2) State the exact date the well was spudded.

Surface Casing Cement by (If Job Completed)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_



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.

Nancy Parker  
Name

Regulatory Analyst  
Title

Month		Year		Formation		Formation Code		Product		ProductionAmount	
12	2016	CHESTER	354CSTR	Gas	0						
10	2016	CHESTER	354CSTR	Gas	0						
9	2016	CHESTER	354CSTR	Gas	0						
8	2016	CHESTER	354CSTR	Gas	0						
7	2016	CHESTER	354CSTR	Gas	0						
6	2016	CHESTER	354CSTR	Gas	0						
5	2016	CHESTER	354CSTR	Gas	0						
4	2016	CHESTER	354CSTR	Gas	0						
3	2016	CHESTER	354CSTR	Gas	0						
2	2016	CHESTER	354CSTR	Gas	0						
1	2016	CHESTER	354CSTR	Gas	0						
12	2015	CHESTER	354CSTR	Gas	0						
11	2015	CHESTER	354CSTR	Gas	0						
10	2015	CHESTER	354CSTR	Gas	0						
9	2015	CHESTER	354CSTR	Gas	0						
8	2015	CHESTER	354CSTR	Gas	0						
7	2015	CHESTER	354CSTR	Gas	0						
6	2015	CHESTER	354CSTR	Gas	0						
5	2015	CHESTER	354CSTR	Gas	864						
4	2015	CHESTER	354CSTR	Gas	888						
3	2015	CHESTER	354CSTR	Gas	935						
2	2015	CHESTER	354CSTR	Gas	851						
1	2015	CHESTER	354CSTR	Gas	957						
12	2014	CHESTER	354CSTR	Gas	1027						
11	2014	CHESTER	354CSTR	Gas	1011						
10	2014	CHESTER	354CSTR	Gas	953						
9	2014	CHESTER	354CSTR	Gas	938						
8	2014	CHESTER	354CSTR	Gas	1003						
7	2014	CHESTER	354CSTR	Gas	1088						
6	2014	CHESTER	354CSTR	Gas	1054						
5	2014	CHESTER	354CSTR	Gas	1088						
4	2014	CHESTER	354CSTR	Gas	1112						
3	2014	CHESTER	354CSTR	Gas	1158						
2	2014	CHESTER	354CSTR	Gas	996						
1	2014	CHESTER	354CSTR	Gas	1096						
12	2013	CHESTER	354CSTR	Gas	1099						
11	2013	CHESTER	354CSTR	Gas	1090						
10	2013	CHESTER	354CSTR	Gas	1147						
9	2013	CHESTER	354CSTR	Gas	1092						
8	2013	CHESTER	354CSTR	Gas	1136						
7	2013	CHESTER	354CSTR	Gas	1136						
6	2013	CHESTER	354CSTR	Gas	1108						
5	2013	CHESTER	354CSTR	Gas	1123						
4	2013	CHESTER	354CSTR	Gas	1118						
3	2013	CHESTER	354CSTR	Gas	1227						
2	2013	CHESTER	354CSTR	Gas	1110						
1	2013	CHESTER	354CSTR	Gas	1269						
12	2012	CHESTER	354CSTR	Gas	1141						
11	2012	CHESTER	354CSTR	Gas	1167						
10	2012	CHESTER	354CSTR	Gas	1226						
9	2012	CHESTER	354CSTR	Gas	1204						
8	2012	CHESTER	354CSTR	Gas	1258						
7	2012	CHESTER	354CSTR	Gas	1287						
6	2012	CHESTER	354CSTR	Gas	1265						
5	2012	CHESTER	354CSTR	Gas	1297						
4	2012	CHESTER	354CSTR	Gas	1297						

3	2012	CHESTER	354CSTR	Gas	1281
2	2012	CHESTER	354CSTR	Gas	1141
1	2012	CHESTER	354CSTR	Gas	1221
12	2011	CHESTER	354CSTR	Gas	1340
11	2011	CHESTER	354CSTR	Gas	1454
10	2011	CHESTER	354CSTR	Gas	1384
9	2011	CHESTER	354CSTR	Gas	1241
8	2011	CHESTER	354CSTR	Gas	1371
7	2011	CHESTER	354CSTR	Gas	1445
6	2011	CHESTER	354CSTR	Gas	1550
5	2011	CHESTER	354CSTR	Gas	1802
4	2011	CHESTER	354CSTR	Gas	1247
3	2011	CHESTER	354CSTR	Gas	1256
2	2011	CHESTER	354CSTR	Gas	1084
1	2011	CHESTER	354CSTR	Gas	1434
12	2010	CHESTER	354CSTR	Gas	1501
11	2010	CHESTER	354CSTR	Gas	1594
10	2010	CHESTER	354CSTR	Gas	1706
9	2010	CHESTER	354CSTR	Gas	1608
8	2010	CHESTER	354CSTR	Gas	1638
7	2010	CHESTER	354CSTR	Gas	1661
6	2010	CHESTER	354CSTR	Gas	1715
5	2010	CHESTER	354CSTR	Gas	1716
4	2010	CHESTER	354CSTR	Gas	1715
3	2010	CHESTER	354CSTR	Gas	1744
2	2010	CHESTER	354CSTR	Gas	1501
1	2010	CHESTER	354CSTR	Gas	1850
12	2009	CHESTER	354CSTR	Gas	1902
11	2009	CHESTER	354CSTR	Gas	1969
10	2009	CHESTER	354CSTR	Gas	2152
9	2009	CHESTER	354CSTR	Gas	2130
8	2009	CHESTER	354CSTR	Gas	2246
7	2009	CHESTER	354CSTR	Gas	2287
6	2009	CHESTER	354CSTR	Gas	2257
5	2009	CHESTER	354CSTR	Gas	2343
4	2009	CHESTER	354CSTR	Gas	2350
3	2009	CHESTER	354CSTR	Gas	2452
2	2009	CHESTER	354CSTR	Gas	2260
1	2009	CHESTER	354CSTR	Gas	2492
12	2008	CHESTER	354CSTR	Gas	2584
11	2008	CHESTER	354CSTR	Gas	2561
10	2008	CHESTER	354CSTR	Gas	2688
9	2008	CHESTER	354CSTR	Gas	2657
8	2008	CHESTER	354CSTR	Gas	2657
7	2008	CHESTER	354CSTR	Gas	2833
6	2008	CHESTER	354CSTR	Gas	3017
5	2008	CHESTER	354CSTR	Gas	2762
4	2008	CHESTER	354CSTR	Gas	3132
3	2008	CHESTER	354CSTR	Gas	3125
2	2008	CHESTER	354CSTR	Gas	3265
1	2008	CHESTER	354CSTR	Gas	3059
					3367