

DIRECTIONS:

1. PLEASE TYPE OR USE BLACK INK.
2. File this form completed in its entirety.
3. Mail to the appropriate District Office.
4. Complete schematic sketch on back.
5. Attach amended OCC Form 1002A showing T & A conditions.

OKLAHOMA CORPORATION COMMISSION

Oil and Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, Oklahoma 73152-2000

Form 1003A
 Rev. 2011

NOTICE OF TEMPORARY EXEMPTION FROM PLUGGING
 (OAC 165:10-11-9)

- ORIGINAL APPLICATION
- AMENDED APPLICATION
- RENEWAL APPLICATION

Original Application Date:
 11/20/13

Operator		CHESAPEAKE OPERATING, L.L.C				OCC/OTC Number	17441					
Address		P.O. BOX 18496				Phone Number	405-848-8000					
City		OKLAHOMA CITY		State	OK	Zip Code	73154					
Lease /Well Name/Number		LISA 1-18			API No.	153-22895	OTC Lease #	153-117368				
Spot Loc'n	E2	1/4	NW	1/4	NE	1/4	SW	1/4	2310	Ft. From South Line of Quarter Section	1815	Ft. From West Line of Quarter Section
Sec.	18	Twp.	24N	Rge.	17W	County		WOODWARD	Completion Date	01/15/06	Date Last Produced/Used as Utility Well	08/06/13
Is well located on a valid or producing lease or unit?				Depth to Base of Treatable Water:		210	Surface Casing Set At:		1035			
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no												

LATEST TEST DATA:	Test Date	8/1/13	Oil	0	BBLS	Water	0	BBLS	Gas	0	BBLS
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PRODUCING FORMATION(S)	PERFORATIONS	SPACING SIZE/ORDER NO.
CHESTER LIME	6498-6924	640/80667
MERAMEC	7026-7056	640/80667

Proposed date of temporary abandonment:	11/20/13	Original date abandoned:	08/07/13	Length of time applied for (not to exceed 5 years):	5 YEARS
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REASON FOR EXEMPTION FROM PLUGGING

CURRENT MARKET CONDITIONS, POTENTIAL COMMERCIAL PRODUCTION IN THE FUTURE.

RECEIVED

MAR 11 2015

OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

METHOD OF TEMPORARY PLUGGING FOR THE PROTECTION OF THE TREATABLE WATER SANDS

1. BRIDGING PLUG	2. TUBING WITH WITH PACKER	3. FLUID LEVEL TEST
Brand/Type	Brand/Type	Method
Depth Set	Depth Set	Depth to Fluid
Top of Cement	Top of Cement	Type of Fluid

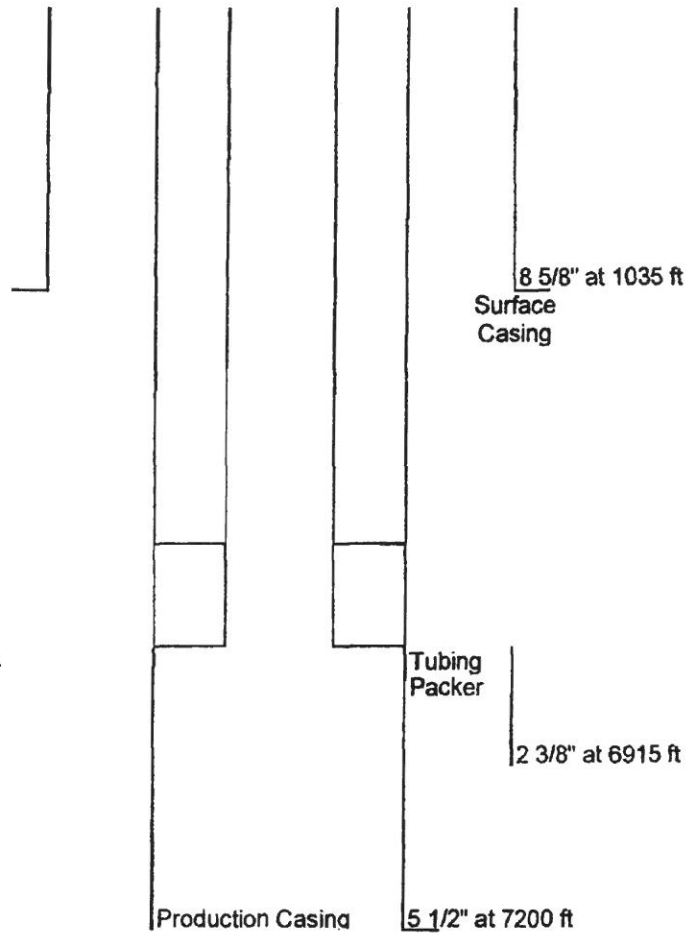
DATE OF FLUID LEVEL SURVEY	3/9/2015	WITNESSED BY OCC	Tucker Duke	FIELD INSPECTOR
			SIGNATURE	

I hereby certify that I am authorized to submit this application, which was prepared by me or under my supervision and direction. The facts and proposals made herein are true to the best of my knowledge and belief.

 SIGNATURE	Jamal Daneshfar-Regulatory Specialist PRINT OR TYPE NAME AND TITLE	03, 10, 2015 DATE
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<p>DISTRICT I 115 West 6th Street Post Office Box 779 Bristow, OK 74010-0779 (918) 367-3396 OGBristowOffice@occemail.com</p>
<p>DISTRICT II 101 South 6th Street Post Office Box 1107 Kingfisher, OK 73750-1107 (405) 375-5570 OGKingfisherOffice@occemail.com</p>
<p>DISTRICT III 1020 Willow Street Post Office Box 1525 Duncan, OK 73533 (580) 255-0103 OGDuncanOffice@occemail.com</p>
<p>DISTRICT IV 1400 Hoppe Blvd. Suite D Ada, OK 74820 (580) 332-3441 OGAdaOffice@occemail.com</p>

BORE HOLE SCHEMATIC



Refer to Rule 165:10-11-9 for additional information concerning Temporary Exemption from Plugging of Wells.

FOR COMMISSION USE ONLY

APPROVED

This exemption, if approved, shall be valid until 03/09/2020
If approved, one copy will be returned to the operator stamped "approved".

DISAPPROVED

If disapproved, all materials will be returned to the operator with a note as to why the request was rejected.

Brad Ice

DISTRICT MANAGER

2

DISTRICT

03/12/2015

DATE

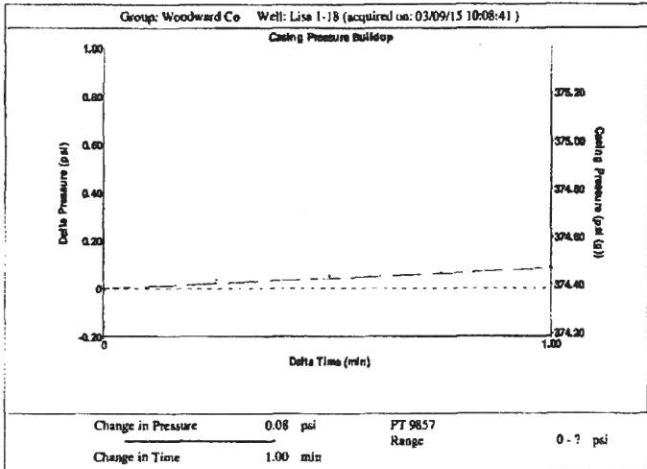
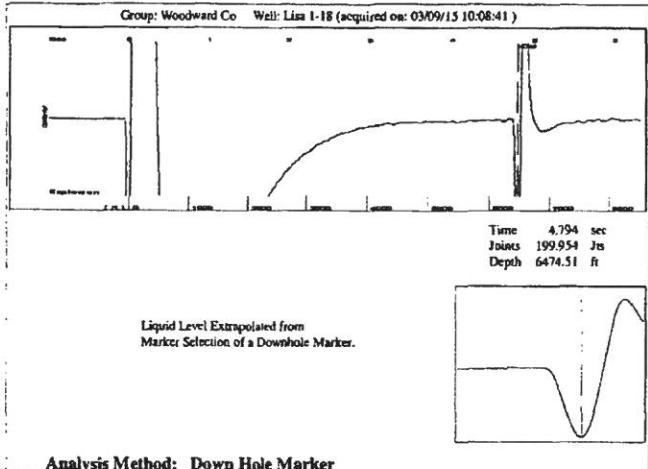
Dennis K. Markum

TECHNICAL DEPARTMENT STAFF

Oil & Gas Specialist 3-12-2015

TITLE

DATE



Analysis Method: Down Hole Marker

Group: Woodward Co Well: Lisa 1-18 (acquired on: 03/09/15 10:08:41)

Production		Casing Pressure		Producing	
Current	Potential	374.4	psi (g)	Annular	
Oil - -	- - BBL/D	Casing Pressure Buildup		Gas Flow	5 Mscf/D
Water - -	- - BBL/D	0.085	psi	% Liquid	81 %
Gas - -	- - Mscf/D	1.00	min	Liquid Stream	
IPR Method	Vogel	Gas/Liquid Interface Pressure		Below Tubing	
PBHP/BHP	- -	425.5	psi (g)	Oil	0 %
Production Efficiency	0.0	Liquid Level Depth		Water	100 %
Oil 40 deg API		6474.51	ft	Liquid Below Tubing	85 %
Water 1.05 Sp.Gr.H2O		Pump Intake Depth		Pump Intake	
Gas 0.55 Sp.Gr.AIR		6916.00	ft	541.5	psi (g)
Acoustic Velocity 2701.09 f/s		Formation Depth		Producing BHP	544.6
		6924.00	ft	Static BHP	- -
					psi (g)
Formation Submergence					
Total Gaseous Liquid Column HT (TVD)	441	ft			
Equivalent Gas Free Liquid HT (TVD)	357	ft			
Acoustic Test					

Group: Woodward Co Well: Lisa 1-18 (acquired on: 03/09/15 10:08:41)

Used Marker Analysis for Liquid Level depth determination

OKLAHOMA

Corporation Commission

P.O. BOX 1107
Kingfisher, OK 73750-1107

Telephone: (405)375-5570
FAX: (405)375-5576

OIL & GAS CONSERVATION DIVISION



Brad Ice, Manager, District II

12 March 2015

Chesapeake Operating LLC
Attn: Jamal Daneshfar, Regulatory Specialist
PO Box 18496
Oklahoma City, OK. 73154

RE: Form 1003A, Temporary Exemption from Plugging
Lisa 1-18, E2, NW, NE, SW 18-24N-17W Woodward Co.

Mr. Daneshfar:

Enclosed please find the **Approved**, Form 1003A on the above referenced well. The **Due Date** will be **09 March 2020**. On or before this date, the well shall be in production, plugged, a new fluid level test and Form 1003A renewal submitted or otherwise brought into compliance with OCC rules as required. A fluid level test must be conducted annually each of the five years during the anniversary month of the permit.

If the status of the well changes within the duration of the application, the OCC District office shall be notified of the changes and proper documents submitted.

During TA status, the well and site shall be maintained as if the well is in production. A proper lease sign will be posted, all junk, trash and debris will be removed and disposed of properly. A proper sized wellhead, operational valves and gauges will be maintained. The lease road shall be maintained and accessible at all times; to afford access by OCC field staff and any emergency vehicle as may be necessary.

If there are any Questions, please contact me at this office. Thank you.

Brad Ice
District Manager
Kingfisher, OK
405-375-5570

Encl: 1

DIRECTIONS:

1. PLEASE TYPE OR USE BLACK INK.
2. File this form completed in its entirety.
3. Mail to the appropriate District Office.
4. Complete schematic sketch on back.
5. Attach amended OCC Form 1002A showing T & A conditions.

OKLAHOMA CORPORATION COMMISSION
 Oil and Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, Oklahoma 73152-2000

Form 1003A
 Rev. 2011

- ORIGINAL APPLICATION
 AMENDED APPLICATION
 RENEWAL APPLICATION

NOTICE OF TEMPORARY EXEMPTION FROM PLUGGING
 (OAC 165:10-11-9)

Original Application Date:
 11/20/13

Operator		CHESAPEAKE OPERATING, INC.				OCC/OTC Number	17441					
Address		P.O. BOX 18498				Phone Number	405-848-8000					
City		OKLAHOMA CITY		State	OK	Zip Code	73154					
Lease /Well Name/Number		LISA 1-18			API No.	153-22895	OTC Lease #	153-117368				
Spot Loc'n	E2	1/4	NW	1/4	NE	1/4	SW	1/4	2310	Ft. From South Line of Quarter Section	1815	Ft. From West Line of Quarter Section
Sec.	18	Twp.	24N	Rge.	17W	County	WOODWARD		Completion Date	01/15/06	Date Last Produced/Used as Utility Well	08/06/13
Is well located on a valid or producing lease or unit?					Depth to Base of Treatable Water:		210	Surface Casing Set At:		1035		
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no												

LATEST TEST DATA:	Test Date	8/1/13	Oil	0	BBLs	Water	0	BBLs	Gas	0	BBLs
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PRODUCING FORMATION(S)	PERFORATIONS	SPACING SIZE/ORDER NO.
CHESTER LIME	6498-6924	640/80667
MERAMEC	7026-7058	640/80667
JAN 16 2014		
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE		

Proposed date of temporary abandonment:	11/20/13	Original date abandoned:		Length of time applied for (not to exceed 5 years):	1 1/2 YEARS
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REASON FOR EXEMPTION FROM PLUGGING

CURRENT MARKET CONDITIONS, POTENTIAL COMMERCIAL PRODUCTION IN THE FUTURE.

METHOD OF TEMPORARY PLUGGING FOR THE PROTECTION OF THE TREATABLE WATER SANDS			
1. BRIDGING PLUG	2. TUBING WITH PACKER	3. FLUID LEVEL TEST	
Brand/Type	Brand/Type	Method	ECHOMETER
Depth Set	Depth Set	Depth to Fluid	3949'
Top of Cement	Top of Cement	Type of Fluid	

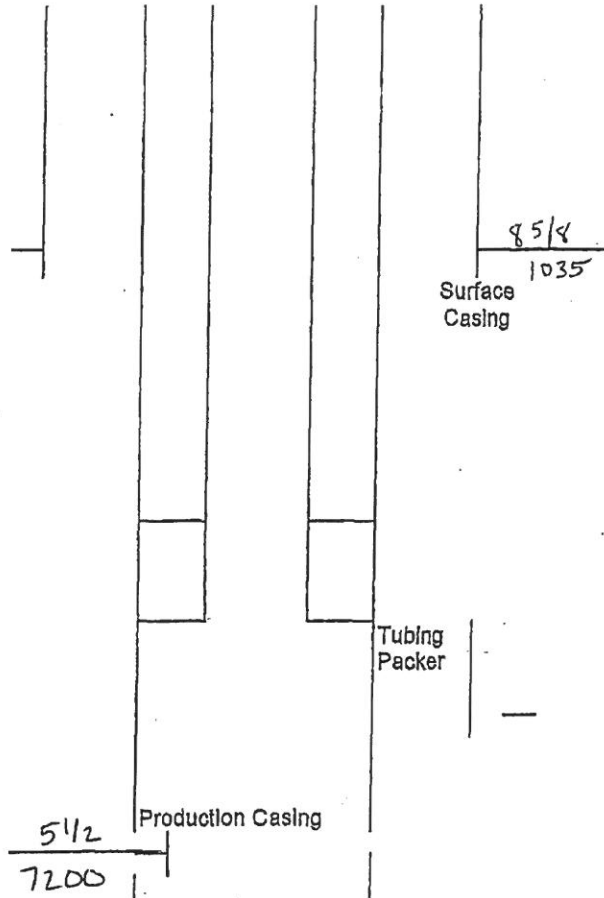
DATE OF FLUID LEVEL SURVEY	12-11-13	WITNESSED BY OCC	<i>Tucker Duke</i>	FIELD INSPECTOR
			SIGNATURE	

I hereby certify that I am authorized to submit this application, which was prepared by me or under my supervision and direction. The facts and proposals made herein are true to the best of my knowledge and belief.

Arianna Bebell ARIANNA BEDELL-REGULATORY TECH 1/16/14
 SIGNATURE PRINT OR TYPE NAME AND TITLE DATE

DISTRICT I 115 West 6th Street Post Office Box 779 Bristow, OK 74010-0779 (918) 367-3396 OGBristowOffice@occemail.com
DISTRICT II 101 South 6th Street Post Office Box 1107 Kingfisher, OK 73760-1107 (405) 375-5570 OGKingfisherOffice@occemail.com
DISTRICT III 1020 Willow Street Post Office Box 1525 Duncan, OK 73533 (580) 266-0103 OGDuncanOffice@occemail.com
DISTRICT IV 1400 Hoppe Blvd. Suite D Ada, OK 74820 (580) 332-3441 OGAdaOffice@occemail.com

BORE HOLE SCHEMATIC



Refer to Rule 165:10-11-9 for additional information concerning Temporary Exemption from Plugging of Wells.

RECEIVED

JAN 16 2014

OKLAHOMA
CORPORATION COMMISSION
KINGFISHER OFFICE

FOR COMMISSION USE ONLY		
<input checked="" type="checkbox"/> APPROVED	This exemption, if approved, shall be valid until <u>30 Nov 14</u> If approved, one copy will be returned to the operator stamped "approved".	
<input type="checkbox"/> DISAPPROVED	If disapproved, all materials will be returned to the operator with a note as to why the request was rejected.	
<u>[Signature]</u> DISTRICT MANAGER	<u>II</u> DISTRICT	<u>3 FEB 14</u> DATE
_____	_____	_____
TECHNICAL DEPARTMENT STAFF	TITLE	DATE

API NO. 153-22895
 OTC PROD. UNIT NO. 153-117368

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

159024

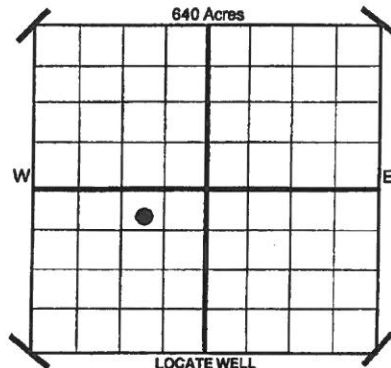
Form 1002A
 Rev. 2009

ORIGINAL
 AMENDED
 Reason Amended T&A

COMPLETION REPORT

TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

SPUD DATE 11/19/2005
 DRLG FINISHED DATE 12/1/2005
 DATE OF WELL COMPLETION 1/15/2006
 1ST PROD DATE 1/4/2006
 RECOMP DATE
 Longitude (if Known)



IT directional or horizontal, see reverse for bottom hole location.
 COUNTY WOODWARD SEC 18 TWP 24N RGE 17W
 LEASE NAME LISA WELL NO 1-18
 SHL E2 1/4 NW 1/4 NE 1/4 SW 1/4 FSL 2310 FWL OF 1/4 SEC 1815
 ELEVATION Derrick Ft 1773 Ground 1757 Latitude (if Known)
 OPERATOR NAME CHESAPEAKE OPERATING, INC. OTC/OCC OPERATOR NO. 17441
 ADDRESS P.O. BOX 18496
 CITY OKLAHOMA CITY STATE OK ZIP 73154

COMPLETION TYPE

SINGLE ZONE
 MULTIPLE ZONE
 COMMINGLED Application Date 7/16/3363
 LOCATION EXCEPTION ORDER NO. N/A
 INCREASED DENSITY ORDER NO. 505572 / 512219

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP
CONDUCTOR							
SURFACE	8 5/8	24#	J-55	1035		525	SURFACE
INTERMEDIATE							
PRODUCTION	5 1/2	17#	J-55	7200		350	5,260
LINER							

PACKER @ _____ BRAND & TYPE _____
 PACKER @ _____ BRAND & TYPE _____

PLUG @ 7181 TYPE PBTD PLUG @ _____ TYPE _____
 PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

TOTAL DEPTH 7,200

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	CHESTER LIME	MERAMEC	
SPACING & SPACING ORDER NUMBER	640 80667	640 80667	RECEIVED JAN 16 2014 OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	OIL	OIL	
PERFORATED INTERVALS	6498-6924	7026-7056	
ACID/VOLUME	3000 GAL 20% SXE 9562 BLW		
FRACTURE TREATMENT (Fluids/Prop Amounts)	94,620# SAND		

Minimum Gas Allowable (165:10-17-7)

Gas Purchaser/Measurer

Chesapeake Operating, Inc.

INITIAL TEST DATA

Oil Allowable (165:10-13-3)

1st Sales Date

INITIAL TEST DATE	1/14/2014		
OIL-BBL/DAY	0		
OIL-GRAVITY (API)			
GAS-MCF/DAY	0		
GAS-OIL RATIO CU FT/BBL			
WATER-BBL/DAY	0		
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.

Jay Stratton
 SIGNATURE JAY STRATTON - DISTRICT MANAGER 1/15/2014 405-848-8000
 NAME (PRINT OR TYPE) DATE PHONE NUMBER
 P.O. BOX 18496 OKLAHOMA CITY OK 73154 ARIANNA.BEDELL@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 LISA

WELL NO. 1-18

NAMES OF FORMATIONS	TOP
B/HEEBNER	5,065
TONKAWA	5,409
LANSING / KANSAS CITY	5,803
OSWEGO	6,160
RED FORK	6,420
CHESTER	6,496
MERAMEC	6,999

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 12/8/2005

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.

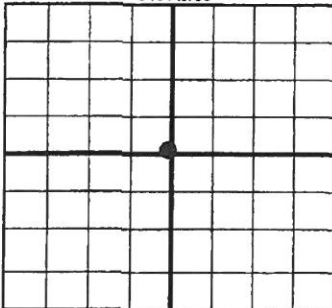
Other remarks:

RECEIVED

JAN 16 2014

OKLAHOMA
CORPORATION COMMISSION
KINGFISHER OFFICE

840 Acres

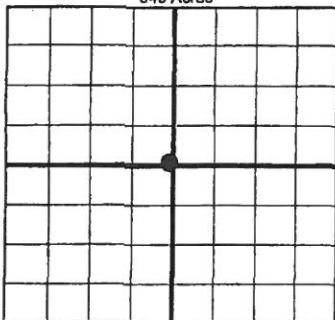


If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

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.

840 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				
Spot Location	1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FNL	FEL
Depth of Deviation	Radius of Turn		Direction		Total Length		
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:				

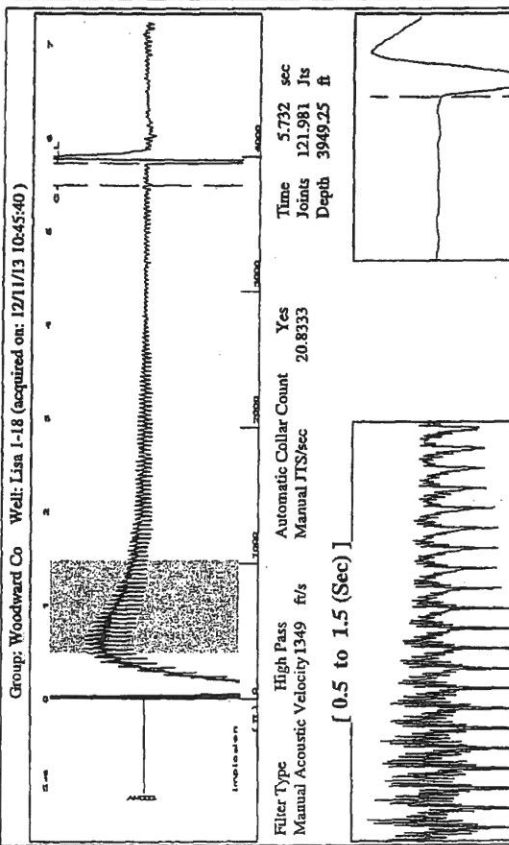
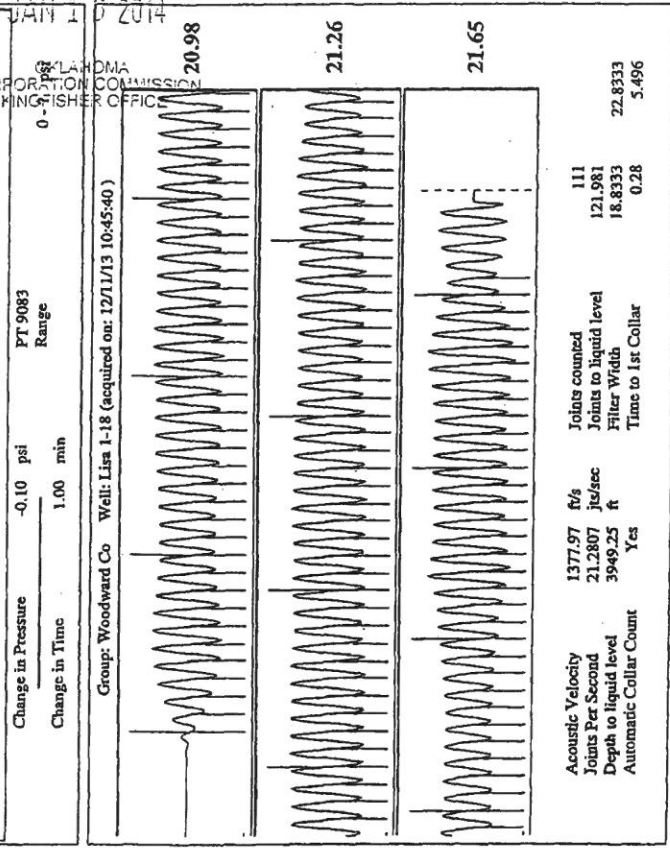
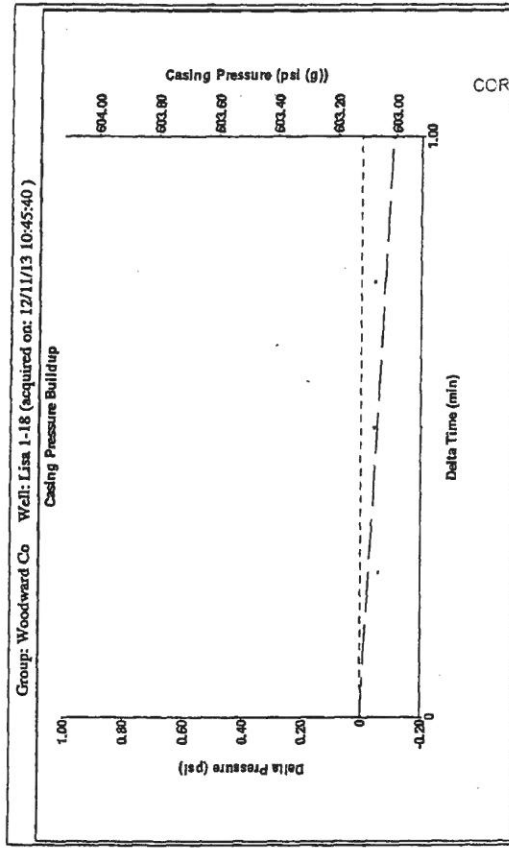
LATERAL #2

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:				

RECEIVED



Analysis Method: Automatic

Group: Woodward Co Well: Lisa 1-18 (acquired on: 12/11/13 10:45:40)

Production	Potential	Casing Pressure	603.1 psi (g)
Current	BBL/D	Casing Pressure Buildup	-0.104 psi
Oil	BBL/D	1.00 min	
Water	Mscf/D	Gas/Liquid Interface Pressure	658.8 psi (g)
Gas	Mscf/D		
IPR Method	Vogel	Liquid Level Depth	3949.25 ft
PBHP/SBHP	-*-	Pump Intake Depth	6916.00 ft
Production Efficiency	0.0	Formation Depth	6924.00 ft
Oil	40 deg-API		
Water	1.05 Sp.Gr.H2O		
Gas	0.39 Sp.Gr.AIR		
Acoustic Velocity	1377.97 ft/s		
Formation Submergence			
Total Gaseous Liquid Column HT (TYD)	2967 ft		
Equivalent Gas Free Liquid HT (TYD)	2967 ft		
Acoustic Test			

Producing	0 Mscf/D
Annular	100 %
Gas Flow	0 Mscf/D
% Liquid	100 %
Liquid Stream	100 %
Below Tubing	100 %
Oil	0 %
Water	100 %
Liquid Below Tubing	100 %
Pump Intake	1583.2 psi (g)
Producing BHP	1586.8 psi (g)
Static BHP	-*- psi (g)

Acoustic Velocity 1377.97 ft/s

Joints Per Second 21.2807 Jts/sec

Depth to liquid level 3949.25 ft

Automatic Collar Count Yes

Joints counted 111

Joints to liquid level 121.981

Filter Width 22.8333

Time to 1st Collar 0.28

5.496

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 LISA

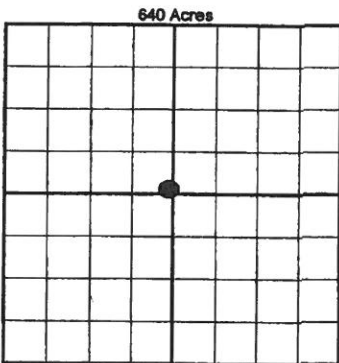
WELL NO. 1-18

NAMES OF FORMATIONS	TOP	SUBSEA
B/HIEBNER	5,065	3,292
TONKAWA	5,409	3,836
LANSING / KANSAS CITY	5,803	4,030
OSWEGO	6,160	4,387
RED FORK	6,420	4,647
CHESTER	6,496	4,723
MERAMEC	6,999	5,226

FOR COMMISSION USE ONLY	
APPROVED <u>[Signature]</u>	DISAPPROVED _____
1) ITD Section	
a) No Intent to Drill on file	
1) Send warning letter _____	
2) Recommend for contempt _____	
2) Reject Codes	
<u>SPV</u> _____	
<u>2-26-07</u> _____	

Were open hole logs run?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Date Last log was run	12/8/2005	
Was CO ₂ encountered?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no at what depths?
Was H ₂ S encountered?	<input checked="" type="checkbox"/> yes	<input 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	Feet From Quarter Section Lines	
Spot Location	1/4	1/4	1/4	1/4	FSL FWL
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:		

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)					
DRAINHOLE #1					
SEC	TWP	RGE	COUNTY	Feet From Quarter Section Lines	
Spot Location	1/4	1/4	1/4	1/4	FSL FWL
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	Feet From Quarter Section Lines	
Spot Location	1/4	1/4	1/4	1/4	FSL FWL
Depth of Deviation	Radius of Turn		Direction	Total Length	
Measured Total Depth	True Vertical Depth		End Pt Location From Lease, Unit or Property Line:		

NOTIFICATION OF WELL SPUD

159024

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: 153-22895

DATE: 11/04/2005

Date of Well Spud/Re-Entry: 11/19/05

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

Phone: (405) 848-8000

WELL LOCATION

Lease Name: LISA

Well Number: 1-18

Location: 18-24N-17W
E2 NW4 NE4 SW4
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: _____

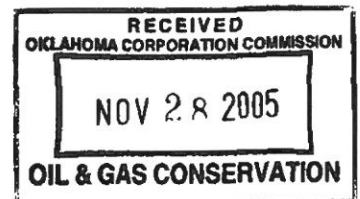
Zip Code: _____

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

SR. Permitting Agent
Title

PCN: C1170220L9 11/08/2005



APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV 1996

159024

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER

17441

2. API NUMBER

15302895

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

BATCH NUMBER (OCC USE ONLY)

11035219

NOTICE OF INTENT TO:

(CHECK ONLY ONE)

DRILL RECOMPLETE 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)

A. STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
B. OIL/GAS INJECTION DISPOSAL WATER SUPPLY

5. WELL LOCATION:

SECTION	TOWNSHIP	RANGE	COUNTY
18	24N	17W	WOODWARD
SPOT LOCATION		FEET FROM QUARTER	
E/2	NW 1/4	NE 1/4	SW 1/4
SECTION LINES		2,310' FSL 1,815' FWL	

Well will be 1,815' feet from nearest unit or property boundary.

LEASE NAME: LISA WELL NUMBER: 1-18

9. NAME OF OPERATOR:

CHESAPEAKE OPERATING, INC.

ADDRESS PHONE (AC/NUMBER)

P.O. BOX 18496 405-848-8000

CITY STATE ZIP CODE
OKLAHOMA CITY OK 73154

10. SURFACE OWNER (one only, attach sheet for additional owners)

TRAVIS K. & LISA RUTLEDGE

ADDRESS

RT. 2 ; BOX 88

CITY STATE ZIP CODE
MOORELAND OK 73850

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

1) TONKAWA 406 TNKW 5,440'	6) RED FORK 404 RDFK 6,415'
2) COTTAGE GROVE 405 CGGV 5,865'	7) CHESTER LIME 354 CLLM 6,500'
3) OSWEGO 404 OSWG 6,155'	8) MERAMEC 353 MRMC 6,995'
4) VERDIGRIS 404 VDRG 6,290'	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.

N/A 505572; 512219

OCC USE ONLY

19. TOTAL DEPTH

7,300'

20. GROUND ELEV.

1,757'

21. DEPTH TO BASE OF TIE

180'

22. SURFACE CASING

1,000'

23. ALT CASING PROG.

USED? N

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 to

25. PIT INFORMATION: Using more than one pit or mud system? Y X N If yes, fill out line 25.2 on top reverse side.

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

B. Expected mud chloride content: maximum: 14000 ppm. average: 7400 ppm

C. 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 #:

F. Wellhead Protection Area Y X N

26. OCC USE ONLY

Category IA 1B 2 3 4 C Blaine

Special area or field rule? D. DEEP SCA? Y N Yield > 50 E. CBL required? Y N

SOIL or 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.)
- D. One time land application ---- (REQUIRES PERMIT) PERMIT # 05-7271
- 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: _____
- H. 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: Nov 3, 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 open. CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION.

LC

A. Type of mud system: WATER BASE ___ 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? X Y ___ N
 E. Within 1 mile of municipal water well? Y X N OFFSITE PIT # ___
 F. Wellhead Protection Area ___ Y X N

26. OCC USE ONLY
 A. Category: 1A 1B 1C 1D 1E 1F 1G 1H 1I 1J 1K 1L 1M 1N 1O 1P 1Q 1R 1S 1T 1U 1V 1W 1X 1Y 1Z
 B. Pit Location: Alluvial/Pluvial/Terrace Deposit ___ Bedrock Aquifer ___ Other MSA ___ Non-MSA ___
 C. Special use or field unit? ___ Deep SCA? ___ Yield > 50 ___
 D. GEOMEMBRANE LINER REQUIRED? Y ___ N ___

29. Bottom Hole Location for Directional Hole:
 SEC TWP RGE COUNTY

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: SEC TWP RGE COUNTY

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

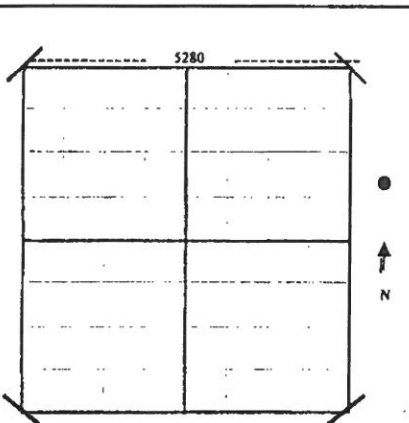
Measured Total Depth True Vertical Depth End point location from lease, unit or property line:

DRAIN HOLE #2: SEC TWP RGE COUNTY

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:

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM
 (signature on front of this form attests to this affidavit)
 1. This well ___ WILL ___ WILL NOT) penetrate any known lost circulation zones.
 2. During the drilling of this well, withdrawals from any water well within 1/4 mile ___ WILL ___ WILL NOT) exceed 50 gallons per minute.
 3. 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



1. If more than two drainholes are proposed, attach separate sheet indicating the necessary information.
 2. Direction must be stated in degrees azimuth.
 3. 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.

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>[Signature]</i>	<i>[Signature]</i>		
	1. SURVEY	<i>B-1</i>	<i>80667/640</i>
	A. NONE FILED		<i>Xm 36726 CRLM</i>
	B. EXPIRED: Date		<i>Xm 36842/59919 CGGV</i>
	C. OUTSTANDING CONTEMPT ORDER.		<i>ESH TNKW, OSWG, RDPK, MRMC, ohs</i>
	2. INTENTS		<i>129182/640</i>
	3. SPACING		<i>ESH VDRG, SKNR</i>
	4. GEOLOGY		<i>505572/I.D. (2 wells)</i>
	A. SURFACE CASING		<i>18-24N-17W</i>
	1. Insufficient amount, Requires ___ feet.		<i>X to 80667 CRLM, OSWG, MRA</i>
	2. Insufficient Alternate Casing Program		<i>512219/I.D. (2 wells)</i>
	3. No Affidavit Submitted for Alternative Casing Program.		<i>18-27N-17W</i>
	4. Reentry requires ___ feet, only ___ current.		<i>X to 80667 MRMC</i>
	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) SU/LD		
	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 062280033
 Date: 11/03/2005 Time: 10:25
 Case: 00000000 Cashier: TRH
 Payor: CHESAPEAKE OPERATING INC
 Check 3254 \$100.00
 46 Intent to Drill
 11/4/05

Chesapeake
5/18/05
Chesapeake
10/3/05

OTC/OCC Number: 17441-0

Approval Date: 11/04/2005

Expiration Date: 05/04/2006

API Number: 153-22895

Notice of Intention To: DRILL
Type of Drilling Operation: STRAIGHT HOLE
County: WOODWARD
Feet From: SOUTH 1/4 Section Line 2310
Lease Name: LISA

Well Type: OIL/GAS
Well Location: Sec: 18 Twp: 24N Rge: 17W
Feet From: EAST 1/4 Section Line 1815
Well No: 1-18

Surface Owner Address
TRAVIS K & LISA RUTLEDGE
RT 2 BOX 88
MOORELAND OK 73850

Operator Name: CHESAPEAKE OPERATING INC
TELEPHONE: (405) 848-8000
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	5440	(2) 405CGGV	COTT GRVE	5865
(3) 404OSWG	OSWEGO	6155	(4) 404VRDG	VERDIGRIS	6290
(5) 404SKNR	SKINNER	6345	(6) 404RDFK	RED FORK	6415
(7) 354CRLM	CHESTER LM	6500	(8) 353MRMC	MERAMEC	6995

Spacing Order Numbers: 80667 129182

Special Orders:

Pending CD Numbers:	Location Exception Orders:	Increased Density Orders:	Total Depth:	Ground Elevation:	Surface Casing:	Depth to base of Treatable Water-Bearing FM:
		505572	7300	1757	1000	180

PIT 1 INFORMATION:

Type of Pit System: CLOSED

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 14000 PPM; Average 7400 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

Approved Method for disposal of Drilling Fluids:

One Time Land Application, Permit Number 50-7271.

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.

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 _____ OFFSITE PIT # _____
- F. Wellhead Protection Area _____ Y _____ N _____

29. Bottom Hole Location for Directional Hole:

SEC	TWP	RGE	COUNTY
-----	-----	-----	--------

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from NORTH LINE from EAST 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: SEC TWP RGE COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE

Depth of Deviation Radius of turn Direction Total Length

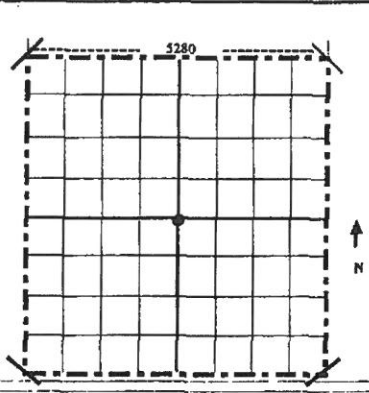
Measured Total Depth True Vertical Depth End point location from lease, unit or property line:

DRAIN HOLE #2: SEC TWP RGE COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER 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)

1. This well _____ WILL _____ WILL NOT) penetrate any known lost circulation zones.

2. During the drilling of this well, withdrawals from any water well within 1/4 mile (_____ WILL _____ WILL NOT) exceed 50 gallons per minute.

3. 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

APPROVED REJECTED

OCC USE ONLY

OCC USE ONLY

OCC USE ONLY

1. SURETY
- A. NONE filed.
- B. EXPIRED: Date _____
- C. OUTSTANDING CONTEMPT ORDER.

80667/640
ES/ MPMC

2. INTENTS

57243/1.P. (2 wells) Chesapeake Op
18-24N-12W
x to 80667 MPMC

3. SPACING

4. GEOLOGY

A. SURFACE CASINO

- Insufficient amount, Requires _____ feet.
 - Insufficient Alternate Casing Program
 - No Affidavit Submitted for Alternative Casing Program.
 - 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. _____

- Square Pattern: 2.5, 10, 40, 160, 640
 - Rectangular pattern: 5, 20, 80, 320 NW/SE or NE/SW
 - Rectangular slot pattern: 5, 20, 80, 320
- Prior to 1971 (Y, N) S/U/L/D

D. LOCATION EXCEPTION:

- Surface Hole Location different
- 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

5/22/05

OKLA CORP COMM RECEIPT 065980017
Date: 05/19/2005 Time: 10:00
Case: 00000000
Payor: CHESAPEAKE OPERATING INC
Cashier: JPN
Check 3884
46 Intent to Drill

PERMIT TO DRILL

OTC/OCC Number: 17441-0

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

Approval Date: 05/22/2006

Expiration Date: 11/22/2006

API Number: 153-22895-A

Notice of Intention To: RECOMPLETE

Type of Drilling Operation: STRAIGHT HOLE

County: WOODWARD

Feet From: SOUTH 1/4 Section Line 2310

Lease Name: LISA

Well Type: OIL/GAS

NW4 NE4 SW4

Feet From: WEST 1/4 Section Line 1815

Well No: 1-18

Well Location: Sec: 18 Twp: 24N Rge: 17W

Feet from the nearest lease line: 1815

Operator Name: CHESAPEAKE OPERATING INC.

TELEPHONE: (405) 848-8000

Operator Return Address

CHESAPEAKE OPERATING INC.

P.O. BOX 18496

OKLAHOMA CITY OK 73154

Surface Owner 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) 353MRMC MERAMEC 7026

Spacing Order Numbers: 80667

Special Orders:

Pending CD Numbers: Location Exception Orders: Increased Density Orders: 512219

Total Ground Surface Depth: 7200

Elevation Casing: 1757

Depth to base of Treatable Water-Bearing FM: 180

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.

TEST: INITIAL
 ANNUAL
 RETEST

BACK PRESSURE TEST FOR NATURAL GAS WELLS
 OAC 165:10-17-6

159024

Form 1016
 Rev 2000

505572 8'

Please type or print using black ink

DATE OF TEST

3/5/2006

DATE OF 1ST SALES

1/4/2006

Operator CHESAPEAKE OPERATING, INC.		Operator No. 17441	Phone No. 405-879-4053	
Address P.O. BOX 18496		OTC Lease No. 153-117368		101130
City OKLAHOMA CITY	State OK	Zip 73154	AB# No. 35-153-22895	
Gas Meterer/Meas. CHESAPEAKE OPERATING, INC.		Meas. No. 17441	Well Name/No. LISA 1-18	
Location within Sec. E2 NW NE SW		Bottom hole location (if different from surface)		Sec 18 Twp 24N Rge 17W
Producing Zone CHESTER LIME		Allocated Pool No.		County WOODWARD
Field 354 CRLM		Unallocated		Spacing Unit Size 640

COMPLETION: Single Multiple Zone Commingled Recompletion Date of Completion **1/15/2006**

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 _o	%CO ₂ %N ₂ H ₂ 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			
TUBING DATA			
CASING DATA		BHP DATA	
PRESS	TEMP.	PRESS	TEMP.
PSIG	F	PSIG	F
NO.			
Shut-In Pressure			500
1			
2			
3			
4			
SIP/FLOW DURATION (HRS.)			
24			

RATE OF FLOW CALCULATIONS

NO.	COEFFICIENT (24 HOUR)	$\sqrt{h_w P_m}$	PRESSURE P _m	FLOW TEMP. FACTOR F _t	GRAVITY FACTOR F _g	SUPER COMPRESS FACTOR F _{pv}	RATE OF FLOW (Q) MCFD
1							
2							
3							
4							

NO.	P _r	TEMP. R	T _r	Z	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

RECEIVED
 MAR 17 2006

OKLA. CORP. COM.
 PRODUCTION/PROPRATION DEPT.

P_c 514.4 P_c²

NO.	P _w	P _w ²	P _c ² - P _w ²

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

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

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:

JD
 03/23/06

(over)

ASSET MANAGER Jones

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 505572 LOCATION EXCEPTION N/A

COMMINGLING N/A MULTIPLE ZONE _____

SEPARATE OR SPECIAL ALLOWABLE _____

OTHER PENALTY ORDER(6) _____

*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

3/14/2006
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. 0
OTC/OCC Operator No.

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev. 1996

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	
*Operator CHESAPEAKE OPERATING		OCC/OTC Operator No.	
*Well Name/No. LISA 1-18		County WOODWARD	
*Location E/2 1/4 NW1/4 NE 1/4 SW 1/4	Sec 18	Twp 24N	Rge 17W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					11/30/2005	
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)					5 1/2"	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft) from ground level					7,200	
Type of Cement (API Class) In first (lead) or only slurry					HTLD PREMIUM PLUS	
In second slurry					HTLD PREMIUM PLUS	
In third slurry						
Sacks of Cement Used In first (lead) or only slurry					175	
In second slurry					175	
In third slurry						
Vol of slurry pumped (Cu ft)(14 X15) in first (lead) or only slurry					369	
In second slurry					369	
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					2122 1ST	2122 2ND
Cement left in pipe (ft)					36	

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

*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? 6970 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.

API No.
153-22895
OCC/OTC Operator No
17441

CEMENTING REPORT
To Accompany Completion Report

KL

Form 1002C
(Rev. 2001)

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52004
Oklahoma City, Oklahoma 73152-200
OAC 165:10-3-4(b)

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 performed.

TYPE OR USE BLACK INK ONLY

*Field Name	OCC District		
*Operator	OCC/OTC Operator No.		
*Well Name/No. LISA 1-18	County WOODWARD		
*Location ENE 1/4 ADW 1/4 NE 1/4 SW 1/4	Sec 18	Twp 24 N	Rge 17 W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		11-19-05				
*Size of Drill Bit (inches)						
*Estimated % wash or hole enlargement used in calculation						
*Size of Casing (inches O.D.)		8 5/8"				
*Top of Liner (if liner used) (ft)						
*Setting Depth of Casing (ft) from ground level		1035'				
Type of Cement (API Class in first (lead) or only slurry)		CLASS A				
In second slurry		CLASS C				
In third slurry						
Sacks of Cement Used in first (lead) or only slurry		375				
In second slurry		150				
In third slurry						
Vol of slurry pumped (Cu ft)(14 X 15) in first (lead) or only slurry		742.5 ft3				
In second slurry		198 ft3				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		1040'				
Cement left in pipe (ft)		44'				

*Amount of Surface Casing Required (from Form 100) _____ ft.

*Was cement circulated to Ground Surface <input type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used <input type="checkbox"/> Yes <input type="checkbox"/> No
*Was Cement Bond Log run <input type="checkbox"/> Yes <input 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

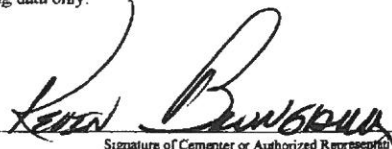
* Designates items to be completed by Operator
Items not so designated shall be completed by the Cementing Company

Remarks
 LEAD: CLASS A 65/35 6% Gel: 2%CC
 1/4# FloSeal
 TAIL: CLASS C: 2%CC

*Remarks

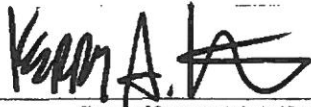
CEMENTING COMPANY

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 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
 Kevin Brungardt - Dist. Supervisor
 Cementing Company
 Allied Cementing Co., Inc.
 Address
 P.O. BOX 368
 City
 Medicine Lodge
 State
 Kansas Zip
 67104
 Telephone (AC) Number
 (620) 886-5926
 Date

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

*Telephone (AC) Number
 *Date

INSTRUCTIONS

1. A) 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.
 B) 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.
 C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. 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).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**

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 LISA

WELL NO. 1-18

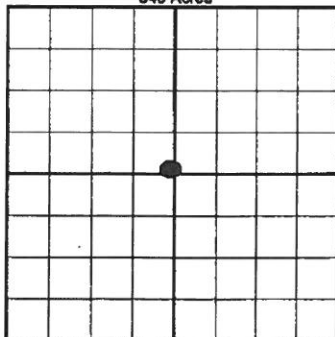
NAMES OF FORMATIONS	TOP	SUBSEA
B/HIEBNER	5,065	3,292
TONKAWA	5,409	3,636
LANSING / KANSAS CITY	5,803	4,030
OSWEGO	6,160	4,387
RED FORK	6,420	4,647
CHESTER	6,496	4,723
MERAMEC	6,999	5,226

FOR COMMISSION USE ONLY	
APPROVED <u>[Signature]</u>	DISAPPROVED
1) ITD Section	
a) No intent to Drill on file	
1) Send warning letter _____	
2) Recommend for contempt _____	
2) Reject Codes	
<u>3/7/06</u>	

Were open hole logs run?	X	yes	no
Date Last log was run	12/8/2005		
Was CO ₂ encountered?	yes	X	no at what depths?
Was H ₂ S encountered?	yes	X	no at what depths?
Were unusual drilling circumstances encountered?	yes	X	no
If yes, briefly explain.			

Other remarks:

640 Acres



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:

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

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:	

Category (Check One)

- Initial
- Annual
- Retest
- Recombination

Production or Potential Test
 OAC 165:10-13-3

Please type or print using black ink.

Operator CHESAPEAKE OPERATING, INC.		Operator No. 17441
Address P.O. BOX 18496		Phone No. 405-848-8000
City OKLAHOMA CITY	State OK	Zip 73154
		FAX No. 405-878-9577

- Allocated Oil Well (field rules)
- Unallocated per well (spaced)
- Unallocated per lease (unspaced)
- Enhanced Recovery Unit Order No. _____
- Horizontal Order No. _____
- Discovery Well Order No. _____

Well Name/No. LISA 1-1B	Prod. Unit No. 163-117368	API No. 153-22895A
Surface Location within Sec. E/2 NW NE 8W	Sec. 18	Twp. 24N Rge. 17W County WOODWARD
Bottom Location within Sec.	Sec.	Twp. Rge. County

Test	Gas-Oil Ratio	Date	Time	24 Hr. Prod.		Gravity
				Oil	Bbls	
Present		Start		16	cf	0
Initial	0	5/28/2006	6:00 AM	0		
		End	6/29/2006	48	Bbls	

Pool Name/No.	Perfs 6498-6924 / 7026-7056
Producing formation(s) CHESTER LIME & MERAMEC	999 CR MC
Date 1st Prod. 1/4/2006	No. wells on lease (list on reverse) Is production metered together? yes no
Oil Purchaser C E M I	OTC No. 19229
Gas Measurer C E M I	OTC No. 19229

RECEIVED
JAN 11 2007
 OKLAHOMA CORPORATION COMMISSION

Load oil yes no amount _____ bbls

Spacing Order No. 80667	size 640	Increased Density Order No. 505572 / 512219	Location Exception Order No. N/A
Commingling Order No. CD #200609819		Multiple Zone Completion Order No.	

Horizontal	Unit Acre Size	True Vertical Depth	Horizontal Component	FL of Lateral
------------	----------------	---------------------	----------------------	---------------

- (A) Pipe Tap
- (B) Orifice Tester
- (C) Size Tester

Choke sz	Tubing sz	Casing sz	Gas Meter Type	Size Run (A)	Differential (A)
Size Plate (A,C)		24-H. Coeff (B,C)	Pressure (lbs, H ₂ O, Hg) (B,C)		

over

JD
01/12/07

UNALLOCATED PER LEASE and ENHANCED RECOVERY UNIT well list:

API NO.	WELL NAME/NO.	LOCATION SEC-TWP-RGE	FORMATION NAME	DATE OF 1ST PROD.	24-HR POTENTIAL	
					OIL BBLs	GAS MCF
ATTACH ADDITIONAL PAGE IF NECESSARY.					TOTAL 24-HR LEASE POTENTIAL	

I declare that I have knowledge of the contents of this report with the date and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

X Marlene Williams
Signature of Operator's Representative

MARLENE WILLIAMS, ADMINISTRATIVE ASSISTANT
Name & Title (Typed or Printed)

Signature of Corporation Commission Representative

Name & Title (Typed or Printed)

Signature of DISCOVERY TEST OFFSET OPERATOR

Company Name

INSTRUCTIONS

- 1 Use a separate form for each well unless testing an unallocated lease or EOR unit.
- 2 Testing time shall be not less than 6 hours or more than 24 hours.
- 3 Test shall be submitted within 30 days after completion. No allowable shall be assigned to the well until this form has been accepted by the division.
- 4 Effective date of test is the completion date; late-filed tests are effective the first day following the month the test is accepted by the division; no allowable shall be assigned to the well until the Form 1002A and logs have been accepted by the division.
- 5 Allowable shall be the rate indicated on the Allocated or Discovery Well Allowables Tables, whichever is appropriate, or by special field rules.
- 6 Discovery initial tests must be witnessed by a representative of any offset operator in the pool and a representative of the division, unless waived.
- 7 Operator chooses between a lease or well allowable if the formation is unspaced. A lease allowable is the shallowest 10-acre allowable from the allowable table for each well; a well allowable uses 10-acre spacing from the allowable table.
- 8 Falsification of reports is subject to penalty, O.S.L. 1933.

Month	Year	Formation	Formation Code	Product	Production Amount
12	2016	CHESTER LIME	354CRLM	Gas	0
10	2016	CHESTER LIME	354CRLM	Gas	0
9	2016	CHESTER LIME	354CRLM	Gas	0
8	2016	CHESTER LIME	354CRLM	Gas	0
7	2016	CHESTER LIME	354CRLM	Gas	0
6	2016	CHESTER LIME	354CRLM	Gas	0
5	2016	CHESTER LIME	354CRLM	Gas	0
4	2016	CHESTER LIME	354CRLM	Gas	0
3	2016	CHESTER LIME	354CRLM	Gas	0
2	2016	CHESTER LIME	354CRLM	Gas	0
1	2016	CHESTER LIME	354CRLM	Gas	0
12	2015	CHESTER LIME	354CRLM	Gas	0
11	2015	CHESTER LIME	354CRLM	Gas	0
10	2015	CHESTER LIME	354CRLM	Gas	0
9	2015	CHESTER LIME	354CRLM	Gas	0
8	2015	CHESTER LIME	354CRLM	Gas	0
7	2015	CHESTER LIME	354CRLM	Gas	0
6	2015	CHESTER LIME	354CRLM	Gas	0
5	2015	CHESTER LIME	354CRLM	Gas	0
4	2015	CHESTER LIME	354CRLM	Gas	0
3	2015	CHESTER LIME	354CRLM	Gas	0
2	2015	CHESTER LIME	354CRLM	Gas	0
1	2015	CHESTER LIME	354CRLM	Gas	0
12	2014	CHESTER LIME	354CRLM	Gas	0
11	2014	CHESTER LIME	354CRLM	Gas	0
10	2014	CHESTER LIME	354CRLM	Gas	0
9	2014	CHESTER LIME	354CRLM	Gas	0
8	2014	CHESTER LIME	354CRLM	Gas	0
7	2014	CHESTER LIME	354CRLM	Gas	0
6	2014	CHESTER LIME	354CRLM	Gas	0
5	2014	CHESTER LIME	354CRLM	Gas	0
4	2014	CHESTER LIME	354CRLM	Gas	0
3	2014	CHESTER LIME	354CRLM	Gas	0
2	2014	CHESTER LIME	354CRLM	Gas	0
1	2014	CHESTER LIME	354CRLM	Gas	0
12	2013	CHESTER LIME	354CRLM	Gas	0
11	2013	CHESTER LIME	354CRLM	Gas	0
10	2013	CHESTER LIME	354CRLM	Gas	0
9	2013	CHESTER LIME	354CRLM	Gas	0
8	2013	CHESTER LIME	354CRLM	Gas	0
7	2013	CHESTER LIME	354CRLM	Gas	0
6	2013	CHESTER LIME	354CRLM	Gas	0
5	2013	CHESTER LIME	354CRLM	Gas	22
4	2013	CHESTER LIME	354CRLM	Gas	0
3	2013	CHESTER LIME	354CRLM	Gas	0
2	2013	CHESTER LIME	354CRLM	Gas	41
1	2013	CHESTER LIME	354CRLM	Gas	0
12	2012	CHESTER LIME	354CRLM	Gas	0
11	2012	CHESTER LIME	354CRLM	Gas	36
10	2012	CHESTER LIME	354CRLM	Gas	0
9	2012	CHESTER LIME	354CRLM	Gas	23
8	2012	CHESTER LIME	354CRLM	Gas	0
7	2012	CHESTER LIME	354CRLM	Gas	0
6	2012	CHESTER LIME	354CRLM	Gas	0
5	2012	CHESTER LIME	354CRLM	Gas	35
4	2012	CHESTER LIME	354CRLM	Gas	34

3	2012	CHESTER LIME	354CRLM	Gas	29
2	2012	CHESTER LIME	354CRLM	Gas	0
1	2012	CHESTER LIME	354CRLM	Gas	39
12	2011	CHESTER LIME	354CRLM	Gas	0
11	2011	CHESTER LIME	354CRLM	Gas	35
10	2011	CHESTER LIME	354CRLM	Gas	30
9	2011	CHESTER LIME	354CRLM	Gas	34
8	2011	CHESTER LIME	354CRLM	Gas	0
7	2011	CHESTER LIME	354CRLM	Gas	39
6	2011	CHESTER LIME	354CRLM	Gas	22
5	2011	CHESTER LIME	354CRLM	Gas	36
4	2011	CHESTER LIME	354CRLM	Gas	0
3	2011	CHESTER LIME	354CRLM	Gas	34
2	2011	CHESTER LIME	354CRLM	Gas	41
1	2011	CHESTER LIME	354CRLM	Gas	0
12	2010	CHESTER LIME	354CRLM	Gas	36
11	2010	CHESTER LIME	354CRLM	Gas	38
10	2010	CHESTER LIME	354CRLM	Gas	30
9	2010	CHESTER LIME	354CRLM	Gas	45
8	2010	CHESTER LIME	354CRLM	Gas	0
7	2010	CHESTER LIME	354CRLM	Gas	31
6	2010	CHESTER LIME	354CRLM	Gas	32
5	2010	CHESTER LIME	354CRLM	Gas	40
4	2010	CHESTER LIME	354CRLM	Gas	40
3	2010	CHESTER LIME	354CRLM	Gas	32
2	2010	CHESTER LIME	354CRLM	Gas	47
2	2010	CHESTER, MERAMEC	999CRMC	Gas	0
1	2010	CHESTER, MERAMEC	999CRMC	Gas	0
1	2010	CHESTER LIME	354CRLM	Gas	43
12	2009	CHESTER, MERAMEC	999CRMC	Gas	0
11	2009	CHESTER, MERAMEC	999CRMC	Gas	36
10	2009	CHESTER, MERAMEC	999CRMC	Gas	53
9	2009	CHESTER, MERAMEC	999CRMC	Gas	0
8	2009	CHESTER, MERAMEC	999CRMC	Gas	11
7	2009	CHESTER, MERAMEC	999CRMC	Gas	76
6	2009	CHESTER, MERAMEC	999CRMC	Gas	67
5	2009	CHESTER, MERAMEC	999CRMC	Gas	0
4	2009	CHESTER, MERAMEC	999CRMC	Gas	0
3	2009	CHESTER, MERAMEC	999CRMC	Gas	0
2	2009	CHESTER, MERAMEC	999CRMC	Gas	0
1	2009	CHESTER, MERAMEC	999CRMC	Gas	0
12	2008	CHESTER, MERAMEC	999CRMC	Gas	0
11	2008	CHESTER, MERAMEC	999CRMC	Gas	163
10	2008	CHESTER, MERAMEC	999CRMC	Gas	55
9	2008	CHESTER, MERAMEC	999CRMC	Gas	0
8	2008	CHESTER, MERAMEC	999CRMC	Gas	10
7	2008	CHESTER, MERAMEC	999CRMC	Gas	0
6	2008	CHESTER, MERAMEC	999CRMC	Gas	149
5	2008	CHESTER, MERAMEC	999CRMC	Gas	256
4	2008	CHESTER, MERAMEC	999CRMC	Gas	0
3	2008	CHESTER, MERAMEC	999CRMC	Gas	0
2	2008	CHESTER, MERAMEC	999CRMC	Gas	0
1	2008	CHESTER, MERAMEC	999CRMC	Gas	0