

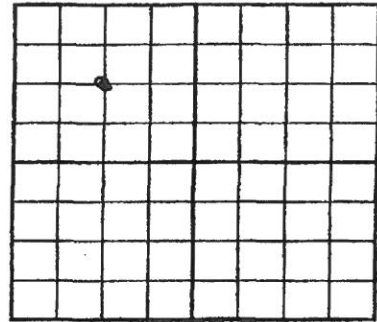
TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

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

Form 1003(10)OC
(Rev. 2/08)

APPRO. 153-20952
OTC PROD. UNIT NO. 153-101130
PLUGGING DATE 09/30/10

PLUGGING RECORD
OAC 105:10-11-7



Well Name/No. Holloway 18-6
Location 1/4 1/4 C 1/4 NW 1/4 Sec 18 Twp 24N Rge 17W
1320 MFWL of 1/4 Sec 1320 MFWL of 1/4 Sec County Woodward
Total Depth 7237' Base of Treatable Water 210' Well Classification Gas

OPERATOR
Name Chesapeake Operating Inc OTC/OC No. 17441
Address PO Box 18496 Phone (405) 848-8000
City Oklahoma City State OK Zip 73154

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
20"	62'	0	Conductor
8 5/8"	805'	0	Surface
			LL
			LL
5 1/2"	7230'	2365'	P.C.
			UV

PERFORATION DEPTHS

Set 1 -	From 6414'	To 6822'
Set 2 -	From 6123'	To 6134'
Set 3 -	From	To
Set 4 -	From	To

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated IUC	Measured Top of Plug if Tagged
1	CIBP + CEM	5 1/2"	6350'	2	2.36	6340'	
2	CIBP + CEM	5 1/2"	6050'	2	2.36	6030'	
3	CEM	8 5/8" & 7 7/8"	860'	75	88.5		630'
4	CRM	8 5/8"	34'	10	11.8	4'	VIS
5							

REMARKS

CIBP previously set by operator @ 6764'

RECEIVED

OCT 13 2010

Reason for Plugging

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per O.C.C. instructions. The cementing was performed by me or under my direct supervision. I certify all cementing data is true, correct and complete.

Signature *Kirby Lillard* Date 09/30/10 Name and Title Typed or Printed Kirby Lillard, President
Company Name Sargent & Lillard Casing Pulling, Inc. Permit No. 803
Address PO Box 1450 Phone (580) 254-1881
City Woodward State OK Zip 73802-1450

OPERATOR CERTIFICATION

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

Signature *Matt Rockers* Date 10-9-2010 Name and Title Typed or Printed Matt Rockers Completion Superintendent

CORPORATION COMMISSION USE ONLY

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Signature of District Manager *T. Cuff* Field Inspector *C. Goodwin*