

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: September 17, 2014**

**API No:** 3501723515

**Well #:** 2-20

**Well Name:** KOLAR

**Operator:** CHESAPEAKE OPERATING LLC

**Operator #:** 17441

**Section:** 20      **Township:** 11N      **Range:** 8W      **Meridian:** Indian

**E2 1/4:**      **W2 1/4:**      **E2 1/4:**      **SE4 1/4:**

**Total Depth:** 0      **Base of Treatable:** Water: 0      **Well Classification:** GAS

**CONTACT INFORMATION**

**Contact Name:** Jeffrey Bull

**Telephone:** 5802231245

**Address 1:** 6100 N WESTERN AVE

**Address 2:** PO BOX 18496

**City:** OKLAHOMA CITY      **State:** OK      **Zipcode:** 73154-0496      **Country:** US

**Email Address:**

**Fax:**

**PIPE RECORDS**

**PERFORATION DEPTHS**

String Name	Size	Run	Pulled
SURFACE	8.625	1052	0
PRODUCTION	5.5	10300	1146

From Depth	To Depth
10104	10130

**PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CIBP	5.5	10000	4	35	9965	9965
CEM	7.875	2100	100	400	2000	2000
CEM	8.625	1200	100	300	900	878
CEM	8.625	500	175	500	4	4

**Remarks:**

**Reason For Plugging:** UNECONOMICAL

**CEMENTER CERTIFICATION INFORMATION**

**Name:**      **Title:**

**Company Name:** QUALITY COMPLETIONS OF  
ARKANSAS, LLC DBA DOSCO, LLC

**Permit No:** 881

**Address 1:**

**Address 2:**

**City:**      **State:**      **Zipcode:**      **Phone:** (405) 853-7170

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.

Electronic Signature: CHESAPEAKE OPERATING LLC