Lease Operator: Chesapeake Operating, Inc.
Address: P. O. Box 18496, Okla. City, OK 73154-0496
Phone: (405) 848-8000 Operator License #: 32334

Type of Well: Gas
Docket #: [If SWD or ENHR]

The plugging proposal was approved on: 11/09/04 (Date)
by: David P. Williams (KCC District Agent's Name)

Is ACO-1 filed? [Yes] [No] If not, is well log attached? [Yes] [No]

Producing Formation(s): List All (If needed attach another sheet)
Chase Depth to Top: 2511 Bottom: 2526 T.D. 2560

Show depth and thickness of all water, oil and gas formations.

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Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

API Number: 15-081-21149 - 0000
MLP PAULINE MURPHY TRUST
Lease Number: 1-34
Well Number: 34

Spot Location (QQQQ): W2 SE NW SE
1385 Feet from [North] South Section Line
1800 Feet from [East] West Section Line
Sec. 34 Twp. 29 S. R. 34 [East] West

County: HASKELL
Date Well Completed: 11/26/97
Plugging Commenced: 11/10/04
Plugging Completed: 11/10/04

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Name of Plugging Contractor: Allied Cementing Co., Inc.
Name of Party Responsible for Plugging Fees: Chesapeake Operating, Inc.

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

MITRU Allied, pump 300# CS hulls, mix & pump 50 sx 60/40 Poz w/2000# CS hulls, pump 70 bbls mud spacer, set 15 min., mix & pump 140 sx 60/40 poz, pressure to 500#, SIW, tie on surf csg, pump 10 sx 60/40 poz, press to 500#, RDMO, cut off wellhead, weld on cap, fack fill pits & restore location

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Barbara J. Bale, Regulatory Analyst
(Employee of Operator) or (Operator) on above-described well, being first duty sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) Barbara J. Bale
(Address) P. O. Box 18496, Oklahoma City, OK 73154-0496

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202
To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

Signature ____________________________

PRINTED NAME

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**REMIT TO**
P. O. BOX 31
RUSSELL, KANSAS 67665

**FILED UNDER**

**SERVICE POINT:**
Oakley

**DATE:**
11-10-04

**SEC:**
11

**TWP:**
34

**RANGE:**
29

**CALLED OUT:**
2,48 pm

**ON LOCATION:**
3.10 pm

**JOB START:**
4:00 pm

**JOB FINISH:**
4:30 pm

**LOCATION:**
Extanta 3N-11 W-65-4W

**COUNTY:**
Kansas

**STATE:**


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**CONTRACTOR:**
None

**TYPE OF JOB:**
CQP

**HOLE SIZE:**
T. O.

**CASING SIZE:**
57.5

**TUBING SIZE:**


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**COMMON:**
120 - 3% @ 8.25 1,062.20

**POZMIX:**
80 - 3% @ 4.60 330.80

**GEL:**
10 - 3% @ 11.00 110.00

**CHLORIDE:**
Hulls 5 - 3% @ 30.00 150.00

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**PUMP TRUCK CHARGE:**
525.00

**EXTRA FOOTAGE:**
400.00 140.00

**TOTAL:**
665.00

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**CHARGE TO:**
Chesapeake Opp.

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**SIGNATURE:**

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**DESCRIPTION:**
1200 #Hulls, then 50 #s cement
Pumped to 300# Hulls, then start 50#s cement
Pumped 700#s mud spacer 15 min, Mixed 140 #s cement Pressure 1500psi, 1 shut in
Pumped 35 ps mud followed by 500 psi mud, Pressure No. 27
Thank you.

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**EQUIPMENT:**

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**REMARKS:**

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**SERVICE:**

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**DURATION:**
35 - MILES @ 400.00 140.00

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**TOTAL:**
665.00

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**FLOAT EQUIPMENT:**

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**TAX:**

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**DISCOUNT:**

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**IF PAID IN 30 DAYS:**

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**PRINTED NAME:**

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