

STATE OF WYOMING

OIL AND GAS CONSERVATION COMMISSION

Office of State Oil and Gas Supervisor

P. O. Box 2640

Casper Wyoming 82602

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, or deepen. Form 1 is provided for such proposals.)

12. API No.: 49-009 -28403

13. County: CONVERSE

Submit Single - Dupl. for State - Instructions on the reverse.

If a Split Estate Location Change Provide Form 1A.

5. Lease No.: WYW154122

6. Unit Agreement or CA:

7. Farm or Lease Name: SOUTH HYLTON RANCH U

8. Well No.: 34-74 24-1H

9. Reservoir: NIOBRARA

10. Field Name: WC

11. Quarter- Quarter, Section, Township and Range:
NW NE 24 Township 34 North Range 74 West

14. Elevation: 5367 GL

16. Latitude: 42.90893

17. Longitude: -105.68109

1. Type Well:

Oil Gas CBM Dry Hole Injection Other

2. Operator: CHESAPEAKE OPERATING LLC

3. Address: 6100 Northwestern OKLAHOMA CITY, OK 73118

4. Phone Number (w/ area code): 405-935-8323

Email:

lindsey.melott@chk.com

15. Footages:

SHL: 500 FNL 2234 FEL

BHL: 281 FNL 2059 FEL NW NE 25 T34 N R74 W

18. CHECK APPROPRIATE BOXES TO INDICATE THE NATURE OF NOTICE, REPORT, OR OTHER DATA

Type of Submission:

Notice of Intent

Subsequent Report

Change of Address.
List Old & New Below.

Split Estate? Yes No

If this is a Split Estate location change
or Fed Lease owner change file Form 1A.

Type of Action:

Change Plans

Convert to injection

Dormant

Location or Site Change

Federal Lease Owner
Change

Fracture Treat/ Enhance

Plug and Abandon

Perforate

Recomplete/ Plugback

Reclaim

Rename

Repair Well

Shut-in

Start / Resume Production

Temporarily Abandoned

Water Shut-Off

Other

19. Describe the proposed or completed operations: Clearly state all pertinent dates and details, including estimated start date of proposed work.

Form 3 is required following completion and recompletion procedures. Attach additional sheets if necessary, referencing API No., Well Name and Legal Location.

THIS WELL HAS BEEN SHUT IN DUE TO ECONOMIC CONDITIONS

20. I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operations

Name (Printed or Typed): LINDSEY MELOTT

Title: Sr. Regulatory Comp. Spec.

21. Signature: Filed Electronically Transaction 928403012

Date: 11/05/2015

(The space below is for State office use)

Approval Date: 11-9-15

Approved By:

State Oil and Gas Supervisor

Approvals sent:

Conditions of approval, if any:

ACCEPTED FOR THE RECORD

2/11