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 -22489
13. County: CONVERSE
Submit Single Copy to State [illegible]
If a Split Estate Location Change Provide Form 1A.
5. Lease No.:
6. Unit Agreement or CA:
7. Farm or Lease Name: HILDEBRAND
8. Well No.: 1R
9. Reservoir:
10. Field Name: ORPHA
11. Quarter- Quarter, Section, Township and Range: NW SE 19 Township 34 North Range 72 West

1. Type Well:
[X] Oil [ ] Gas [ ] CBM [ ] Dry Hole [ ] Injection [ ] Other _____

2. Operator: CHESAPEAKE OPERATING LLC
3. Address: 6100 Northwestern OKLAHOMA CITY, OK 73118
14. Elevation: 5046 GL
4. Phone Number (w/ area code): 405-935-8323
Email: lindsey.melott@chk.com
16. Latitude: 42.9016
15. Footages: SHL: 2007 FSL 1980 FEL BHL: 0 T0 N R0 W
17. Longitude: -105.54246

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

Type of Submission:
[X] Notiee of Intent
[ ] Subsequent Report
[ ] Change of Address. List Old & New Below.

Split Estate? Yes [X] No [ ]

If this is a Split Estate location change or Fed Lease owner change file Form1A.

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
[X] 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.

The subject 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 922489013 Date: 02/17/2016

(The space below is for State office use)

Approval Date: 2/17/16

Approved By: State Oil and Gas Supervisor

Approvals sent:

Conditions of approval, if any: