

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 Data for State - Instructions on the reverse
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

14. Elevation: 5046 GL

16. Latitude: 42.9016

17. Longitude: -105.54246

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: 2007 FSL 1980 FEL
BHL: 0 TO N R0 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.

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

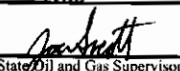
Date: 02/17/2016

(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: