

**RAILROAD COMMISSION OF TEXAS  
OIL AND GAS DIVISION  
CERTIFICATE OF COMPLIANCE STATEWIDE RULE 36**

FORM H-9  
12/12/77  
DBC0697  
FILE WITH  
DISTRICT OFFICE  
IN TRIPLICATE

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
| 1. Operator<br><b>Chesapeake Operating Inc.</b>  |  |  | 2. Operator Number (See Instruction 13)<br><b>147715</b>   |  | 3. RRC Dist.<br><b>8</b>  |  |
| 4. Street or P.O. Box No.<br><b>P.O. Box 18496</b>   |  |  | 5. City<br><b>Oklahoma City</b>  |  | 6. State<br><b>OK</b>   |  |
| 8. Name of Lease, Facility or Operation<br><b>University 17-18 1H</b>  |  |  | 9. Field or Area Name<br><b>Two Georges (Bone Spring)</b>  |  | 10. County<br><b>Ward</b>   |  |
| 11. General Operation Type - Circle One:<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A - Oil Field Production<br/> C - Pipeline or Gathering Sys.<br/> E - Drilling or Workover<br/> G - Combination (explain) </div> <div style="width: 45%; border: 1px solid black; padding: 2px;"> <b>B - Gas Field Production</b><br/> D - Gasoline Plant<br/> F - Sweetening Unit<br/> H - Other (explain) </div> </div> |  |  | Other Explanation  |  |   |  |
| 12. RRC ID# of Operation(s) to be Covered by This Certificate<br><b>680076</b>   |  |  | Type ID Code (See Instruction 12)<br><b>5</b>  |  | Indicate if Filing for Storage Facility Only<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |  |
|  |  |  | 13. Hydrogen Sulfide Concentration<br><b>42000</b> PPM   |  | 14. Maximum Escape Volume<br><b>500</b> MCF/Day   |  |
|  |  |  | 15. 100 PPM Radius of Exposure (ROE)<br><b>677.19</b> Ft.  |  | 16. 500 PPM Radius of Exposure (ROE)<br><b>309.45</b> Ft.   |  |
|  |  |  | 17. Operation is Existing <input checked="" type="checkbox"/> New <input type="checkbox"/>   |  | 18. Modification Resulting in Certificate Change<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
|  |  |  | 19. Workover or Drilling Well with 100 PPM ROE Greater than 3000 feet on Rule 36 Certified Well/Lease  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
|  |  |  | 20. Previous Certificate Number if Available (For Amended Certificates)  |  |   |  |
|  |  |  | 21. The 100 PPM ROE includes any part of a public area except a public road<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |  |   |  |
|  |  |  | 22. The 500 PPM ROE includes any part of a public road<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                              |  |   |  |
|  |  |  | 23. Injection of fluid containing Hydrogen Sulfide (See Instruction 14)<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |   |  |
|  |  |  | 24. Date (or Depth) of Compliance with all applicable provisions of Rule 36<br><div style="text-align: right;"><b>08/20/2009</b><br/>Mo / Day / Year</div> |  |   |  |
|  |  |  | Depth of Compliance for Drilling Operation<br><div style="text-align: right;">Ft. From Surface</div>   |  |   |  |
| 25. Contingency Plan<br>Location of Plan (See Instruction 15)<br><b>Chesapeake Operating Inc.<br/>2010 Rankin Highway<br/>Midland Texas 79701</b>  |  |  | Has been prepared<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |   |  |
| 26. Location of data used to prepare this certificate (See Instruction 15)   |  |  |  |  |   |  |

**CERTIFICATE**

I declare under penalties prescribed in section 91.143, Natural Resource Code, that I am authorized to make this report, that this report was prepared by me or under my supervision, and that I am qualified to make this certification by virtue of my training and experience, and by my analysis of the operation being certified, or by the analysis of qualified person working under my supervision, and that the data and facts stated therein are true, correct, and complete, to the best of my knowledge.

**EH & S Specialist** **(432)210-7015**    **08/21/2009**

|                           |       |           |      |
|---------------------------|-------|-----------|------|
| Representative of Company | Title | Phone No. | Date |
|---------------------------|-------|-----------|------|

**RAILROAD COMMISSION USE ONLY**

This operation and the equipment used therein is approved on the basis of the above certification and is subject to further Commission audit for compliance with the required provisions of Statewide Rule 36. This approval may be cancelled if investigation determines that the operation does not comply with the provisions of Statewide Rule 36.

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_ CERTIFICATION NUMBER: \_\_\_\_\_