

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400146143

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 16660 4. Contact Name: Christy Keith
2. Name of Operator: CHESAPEAKE OPERATING INC Phone: (405) 935-7539
3. Address: P O BOX 18496 Fax: (405) 849-7539
City: OKLAHOMA CITY State: OK Zip: 73154-04

5. API Number 05-123-32812-00 6. County: WELD
7. Well Name: State Well Number: 8-60 16-1H
8. Location: QtrQtr: NW NE Section: 16 Township: 8N Range: 60W Meridian: 6
Footage at surface: Distance: 600 feet Direction: FNL Distance: 1980 feet Direction: FEL
As Drilled Latitude: 40.667913 As Drilled Longitude: -104.093668

GPS Data:

Data of Measurement: 10/20/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Paul Orme

** If directional footage at Top of Prod. Zone Dist.: 1052 feet. Direction: FNL Dist.: 1983 feet. Direction: FEL
Sec: 16 Twp: 8N Rng: 60W

** If directional footage at Bottom Hole Dist.: 633 feet. Direction: FSL Dist.: 1947 feet. Direction: FEL
Sec: 16 Twp: 8N Rng: 60W

9. Field Name: WILDCAT 10. Field Number: 9999911. Federal, Indian or State Lease Number: 8431.512. Spud Date: (when the 1st bit hit the dirt) 02/15/2011 13. Date TD: 03/04/2011 14. Date Casing Set or D&A: 03/06/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 10080 TVD** 6335 17 Plug Back Total Depth MD TVD** 18. Elevations GR 4907 KB 4926

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Compensated Photo Density Compensated Neutron Density Log, Array Induction Log

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16		0	80		0	80	CALC
SURF	12	9.625	40	0	1,054	325	0	1,054	CALC
1ST	8	7	26	0	6,515	665	0	6,515	CALC
1ST LINER	6	4.5	11.6	5673	10,072	325	5,673	10,072	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
RICHARD	3,470		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,400		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,068		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,203		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The paper copy of the logs will be mailed on 3/28/2011.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Christy Keith

Title: Regulatory Admin. Asst. Date: _____ Email: christy.keith@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400146640	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400146643	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400146645	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)