

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

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



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DRILLING COMPLETION REPORT

Document Number:  
400149582

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 05-123-32368-00 6. County: WELD  
7. Well Name: STATE 10-67 Well Number: 28-1H  
8. Location: QtrQtr: NWNW Section: 28 Township: 10N Range: 67W Meridian: 6  
Footage at surface: Distance: 650 feet Direction: FNL Distance: 896 feet Direction: FWL  
As Drilled Latitude: 40.811528 As Drilled Longitude: -104.903073

GPS Data:

Data of Measurement: 02/22/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Jim Bassett

\*\* If directional footage

at Top of Prod. Zone Distance: 600 feet Direction: FNL Distance: 654 feet Direction: FWL  
Sec: 28 Twp: 10N Rng: 67W  
at Bottom Hole Distance: 623 feet Direction: FSL Distance: 704 feet Direction: FWL  
Sec: 28 Twp: 10N Rng: 67W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/12/2011 13. Date TD: 03/29/2011 14. Date Casing Set or D&A: 04/02/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11960 TVD 7882 17 Plug Back Total Depth MD \_\_\_\_\_ TVD \_\_\_\_\_

18. Elevations GR 5684 KB 5698

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:

Hole Volume Density Caliper Log; Array Induction Log; Compensated Photo Density  
Compensated Neutron Density 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	1,222	355	0	1,222	CALC
1ST LINER	8	4.5	11.6	0	11,959	1,870	0	11,959	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	4,180		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,492		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,770		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,905		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Paper copy of the logs will be mailed.

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: \_\_\_\_\_

Date: \_\_\_\_\_

Email: christy.keith@chk.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400150155	CEMENT JOB SUMMARY
400150156	CEMENT JOB SUMMARY
400150157	
400153048	LAS-

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)