

FORM 5A

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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COMPLETED INTERVAL REPORT

Document Number:

400158031

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

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

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
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 04/12/2011 Date of First Production this formation: 04/22/2011
Perforations Top: 6565 Bottom: 9965 No. Holes: 612 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Please see attached Frac Disclosure
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/03/2011 Hours: 24 Bbls oil: 227 Mcf Gas: 142 Bbls H2O: 220
Calculated 24 hour rate: Bbls oil: 227 Mcf Gas: 142 Bbls H2O: 220 GOR: 626
Test Method: Flowing Casing PSI: 410 Tubing PSI: 0 Choke Size: 20/64
Gas Disposition: FLARED Gas Type: WET BTU Gas: 0 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

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

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

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400160727	OTHER
400160729	OTHER
400164143	WELLBORE DIAGRAM
400164144	WIRELINE JOB SUMMARY

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)