

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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Document Number:

400170563

COMPLETED INTERVAL REPORT

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 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-

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
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 05/02/2011 Date of First Production this formation: 05/13/2011
 Perforations Top: 8181 Bottom: 11821 No. Holes: 576 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: 05/22/2011 Hours: 24 Bbls oil: 280 Mcf Gas: 128 Bbls H2O: 422
 Calculated 24 hour rate: _____ Bbls oil: 280 Mcf Gas: 128 Bbls H2O: 422 GOR: 457
 Test Method: Flowing Casing PSI: 275 Tubing PSI: 0 Choke Size: _____
 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:
Confidential

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
400170567	
400170568	WIRELINe JOB SUMMARY
400170569	
400170571	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)