

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



DE ET OE ES

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

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: <input type="checkbox"/>	
Please see attached Frac Disclosure			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: 05/22/2011	Hours: 24	Bbls oil: 280	Mcf Gas: 128
Calculated 24 hour rate:	Bbls oil: 280	Mcf Gas: 128	Bbls H2O: 422
Test Method: Flowing	Casing PSI: 275	Tubing PSI: 0	Choke Size: 0
Gas Disposition: FLARED	Gas Type: WET	BTU Gas: 0	API Gravity Oil: 0
Tubing Size: 2 3/8	Tubing Setting Depth: 11821	Tbg setting date: 05/13/2011	Packer Depth: 11821
Reason for Non-Production:			
Date formation Abandoned: 05/22/2011 Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt 0			
Bridge Plug Depth: 11821 Sacks cement on top: 0			

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

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

Total: 0 comment(s)