

**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



DE ET OE ES

Document Number:

400178591

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

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 05-123-33345-01

6. County: WELD

7. Well Name: WAGNER

Well Number: 11-65 9-1H

8. Location: QtrQtr: NWNE Section: 9 Township: 11N Range: 65W Meridian: 6

Footage at surface: Distance: 600 feet Direction: FNL Distance: 2022 feet Direction: FEL

As Drilled Latitude: 40.940801 As Drilled Longitude: -104.664778

GPS Data:

Data of Measurement: 06/16/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: OREM

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: 621 feet Direction: FSL Distance: 1978 feet Direction: FEL

Sec: 9 Twp: 11N Rng: 65W

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) 05/07/2011 13. Date TD: 06/05/2011 14. Date Casing Set or D&A: 06/11/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 12500 TVD 8558 17 Plug Back Total Depth MD TVD

18. Elevations GR 5966 KB 5980

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:

Spectral Density Dual Spaced Neutron Log; Borehole Volume Plot; Spectral Density Dual Spaced Neutron Array Compensated True Resistivity Log; Compensated Spectral Natural Gamma Log; Array Compensated True Resistivity Log; Mud Logs; CBL

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+1/4	9+5/8	40#	0	1,024	300	0	1,024	CALC
1ST	8+3/4	4+1/2	11.6	0	1,250	2,155	0	12,500	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	
SHARON SPRINGS	8,477		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	8,622		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final Form 5 will be filed after completion.

The hard copy of the logs have been mailed.

CBL will be submitted with final Form 5.

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 Comp. Analyst

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
400181648	DIRECTIONAL SURVEY
400181649	CEMENT JOB SUMMARY
400181650	LAS-MUD
400181656	LAS-

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)