

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:

400185025

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 05-123-33110-00
6. County: WELD
7. Well Name: Wagner
Well Number: 11-65 11-1H
8. Location: QtrQtr: SE SW Section: 11 Township: 11N Range: 65W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 06/26/2011	Date of First Production this formation: 06/28/2011
Perforations Top: 8244 Bottom: 11869	No. Holes: 525 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: 07/08/2011 Hours: 24	Bbls oil: 17 Mcf Gas: 15 Bbls H2O: 255
Calculated 24 hour rate:	Bbls oil: 17 Mcf Gas: 15 Bbls H2O: 255 GOR: 882
Test Method: Flowing	Casing PSI: 60 Tubing PSI: Choke Size: 20/64
Gas Disposition: FLARED	Gas Type: WET BTU Gas: 400 API Gravity Oil: 38
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Comp. Analyst 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
400185182	OTHER
400185184	OTHER
400185186	WELLBORE DIAGRAM
400186842	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)