

FORM
5Rev
02/08State 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:

400185444

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 05-123-33328-00

6. County: WELD

7. Well Name: Cass

Well Number: 7-62 15-1H

8. Location: QtrQtr: NW NE Section: 15 Township: 7N Range: 62W Meridian: 6

Footage at surface: Distance: 600 feet Direction: FNL Distance: 1979 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage

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

Sec: Twp: Rng:

at Bottom Hole Distance: 610 feet Direction: FSL Distance: 1922 feet Direction: FEL

Sec: 15 Twp: 7N Rng: 62W

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) 06/17/2011 13. Date TD: 06/30/2011 14. Date Casing Set or D&A: 07/04/2011

15. Well Classification:

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

16. Total Depth MD 10440 TVD 6584 17 Plug Back Total Depth MD TVD

18. Elevations GR 4875 KB 4889

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:

Compensated Photo Density Compensated Neutron Density Log, Array Induction 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	1,580	450	0	1,580	CBL
1ST	7+7/8	4+1/2	11.6#	0	10,389	1,600	1,000	10,387	CBL

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	
RICHARD	3,450		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,311		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,062		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,375		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,552		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Confidential

Final Form 5 will be submitted after completion.

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
400185455	LAS-DENSITY/NEUTRON
400185456	TIF-MUD
400185457	DIRECTIONAL SURVEY
400188914	PDF-CEMENT BOND
400188942	CEMENT JOB SUMMARY
400188943	CEMENT JOB SUMMARY

Total Attach: 6 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)