

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:
400189525

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 05-123-31598-00
6. County: WELD
7. Well Name: STATE 36-10-67 Well Number: 1H
8. Location: QtrQtr: NW NW Section: 36 Township: 10N Range: 67W Meridian: 6
Footage at surface: Distance: 300 feet Direction: FNL Distance: 700 feet Direction: FWL
As Drilled Latitude: 40.796830 As Drilled Longitude: -104.846483

GPS Data:
Data of Measurement: 07/24/2011 PDOP Reading: 3.1 GPS Instrument Operator's Name: Spurlock

** If directional footage
at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:
at Bottom Hole Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 8722.5

12. Spud Date: (when the 1st bit hit the dirt) 06/09/2011 13. Date TD: 07/01/2011 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 8850 TVD 17 Plug Back Total Depth MD TVD

18. Elevations GR 5445 KB 5467
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:
Wave Sonic; Borehole Volume; Array Compensated True Resistivity Spectral Density Dual Spaced Neutron; Array Compensated True Resistivity; Mud Log

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	1,361	390	0	1,361	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	
RICHARD	4,233		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,637		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,667		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,733		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CODELL	8,068		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CARLILE	8,090		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
GREENHORN	8,267		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
GRANEROS	8,380		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
DAKOTA	8,530		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Chesapeake cored the Niobrara through the Graneros, the Core Analysis will be submitted once we receive the completed report.

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
400190284	CEMENT JOB SUMMARY
400190305	LAS-MUD
400190308	LAS-COMBINATION OPEN HOLE
400190312	LAS-SONIC

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)