

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:  
400193525

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: 974 feet Direction: FNL Distance: 2027 feet Direction: FEL  
Sec: 15 Twp: 7N Rng: 62W  
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 10440 TVD 6584

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:  
MWD 1 in MD & TVD  
MWD 5 in MD & TVD

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	10,387	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:

MWD Logs will be sent UPS.

Will sundry to add GPS data.

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
400200548	LAS-ELECTRONIC

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)