

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



DE ET OE ES

Document Number:

400193536

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 05-123-33328-00
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
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 07/29/2011 Date of First Production this formation: 08/03/2011
Perforations Top: 6732 Bottom: 10322 No. Holes: 490 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐
Please see attached Frac Disclosure
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/29/2011 Hours: 24 Bbls oil: 37 Mcf Gas: 29 Bbls H2O: 302
Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 29 Bbls H2O: 302 GOR: 784
Test Method: Rod Pump Casing PSI: 80 Tubing PSI: 80 Choke Size:
Gas Disposition: FLARED Gas Type: WET BTU Gas: 1400 API Gravity Oil: 38
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5099 Tbg setting date: 08/22/2011 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

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
400193565	WELLBORE DIAGRAM
400193566	OPERATIONS SUMMARY
400193567	OPERATIONS SUMMARY
400197371	WIRELINe JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)