

FORM
5A

Rev
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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 4. Contact Name: Christy Keith
 2. Name of Operator: CHESAPEAKE OPERATING INC Phone: (405) 935-7539
 3. Address: P O BOX 18496 Fax: (405) 849-7539
 City: OKLAHOMA CITY State: OK Zip: 73154-

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)