

**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



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**COMPLETED INTERVAL REPORT**

Document Number:

400196612

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 05-123-31598-01 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  
9. Field Name: WILDCAT Field Code: 99999

**Completed Interval**

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/15/2011</u>		Date of First Production this formation: <u>08/18/2011</u>	
Perforations	Top: <u>7875</u> Bottom: <u>11724</u>	No. Holes: <u>600</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Please see attached Frac Disclosure			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>08/29/2011</u>	Hours: <u>24</u>	Bbls oil: <u>25</u>	Mcf Gas: <u>6</u> Bbls H2O: <u>222</u>
Calculated 24 hour rate:		Bbls oil: <u>25</u>	Mcf Gas: <u>6</u> Bbls H2O: <u>222</u> GOR: <u>240</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>65</u>	Tubing PSI: <u></u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1350</u>	API Gravity Oil: <u>36</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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 KeithTitle: 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
400201909	OPERATIONS SUMMARY
400201910	WELLBORE DIAGRAM
400201911	WIRELINE JOB SUMMARY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)