

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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Document Number:

400196612

## 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 05-123-31598-01 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: NIOBRARA Status: PRODUCING  
 Treatment Date: 08/15/2011 Date of First Production this formation: 08/18/2011  
 Perforations Top: 7875 Bottom: 11724 No. Holes: 600 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: 25 Mcf Gas: 6 Bbls H2O: 222  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 25 Mcf Gas: 6 Bbls H2O: 222 GOR: 240  
 Test Method: Flowing Casing PSI: 65 Tubing PSI: \_\_\_\_\_ Choke Size: 20/64  
 Gas Disposition: FLARED Gas Type: WET BTU Gas: 1350 API Gravity Oil: 36  
 Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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
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)