

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  
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 05-123-31598-01  
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: UNNAMED Field Code: 85251

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: <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: 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 9/1/2011 Email: christy.keith@chk.com

### Attachment Check List

Att Doc Num	Name
400196612	FORM 5A SUBMITTED
400201909	OPERATIONS SUMMARY
400201910	WELLBORE DIAGRAM
400201911	WIRELINE JOB SUMMARY

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)