

FORM
5
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:
400200105

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-123-33525-00
6. County: WELD
7. Well Name: Hediger Well Number: 14-9-67 1H
8. Location: QtrQtr: SW SE Section: 14 Township: 9N Range: 67W Meridian: 6
Footage at surface: Distance: 350 feet Direction: FSL Distance: 1980 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: 658 feet. Direction: FNL Dist.: 2035 feet. Direction: FEL
Sec: 14 Twp: 9N Rng: 97W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/24/2011 13. Date TD: 08/05/2011 14. Date Casing Set or D&A: 08/08/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11667 TVD** 7505 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5364 KB 5384
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Compensated Photo Density Compensated Neutron Density Log; Array Induction Log; Mud logs

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16		0	80		0	80	CALC
SURF	12+1/4	9+5/8	40#	0	1,040	305	0	1,040	CALC
1ST	7+7/8	5+1/2	17#	0	6,893	555	0	6,893	CALC
2ND	7+7/8	4+1/2	11.6#	6893	11,668	1,115	6,893	11,668	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
RICHARD	3,705		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,075		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,303		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,355		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final Form 5 will be filed after Completion

CBL and As-Drill GPS data will be filed with Final Form 5

No Pilot Hole was drilled, a sundry has been filed abandoning the location 123-33525-01.

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: 9/2/2011

Email: christy.keith@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400200136	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400200135	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400200105	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200127	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200129	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200130	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200131	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	notified P.G. permitter regrding the chage in drilling plans to 00 wellbore eliminating the 01.	9/2/2011 10:40:04 AM

Total: 1 comment(s)