

**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



|    |    |    |    |
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| DE | ET | OE | ES |
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Document Number:

400204584

**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: SETH SANDERS

Phone: (405) 935-2567

Fax: (405) 849-2567

5. API Number 05-123-34046-00

6. County: WELD

7. Well Name: LOVELAND 12-9-67

Well Number: 1H

8. Location: QtrQtr: SESW Section: 12 Township: 9N Range: 67W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

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

\*\* If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

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) 08/13/2011 13. Date TD: 08/28/2011 14. Date Casing Set or D&amp;A: 08/29/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11755 TVD 7636 17 Plug Back Total Depth MD TVD

18. Elevations GR 5342 KB 5362

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:

1" MD  
1" TVD  
5" MD  
5" TVD

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   | 24           | 16             |       | 0             | 80            |           | 0       | 80      | CALC   |
| SURF        | 12+1/4       | 9+5/8          | 40#   | 0             | 1,265         | 340       | 0       | 1,265   | CALC   |
| 1ST         | 7+7/8        | 5+1/2          | 17#   | 0             | 6,901         | 540       | 238     | 6,901   | CALC   |
| 2ND         | 7+7/8        | 4+1/2          | 11.6# | 6901          | 11,750        | 1,160     | 6,901   | 11,750  | 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        | 3,841          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 5,211          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHARON SPRINGS | 7,320          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,529          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

A final Form 5 will be filed after completion

The as-drilled GPS data and CBL will be filed with the final Form 5

Hard-copy logs will be sent UPS

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Seth Sanders

Title: Regulatory Comp. Analyst

Date: \_\_\_\_\_

Email: seth.sanders@chk.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

| Att Doc Num | Name               |
|-------------|--------------------|
| 400204686   | CEMENT JOB SUMMARY |
| 400204687   | CEMENT JOB SUMMARY |
| 400204688   | DIRECTIONAL SURVEY |
| 400207031   | LAS-ELECTRONIC     |

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)