

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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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 4. Contact Name: SETH SANDERS
 2. Name of Operator: CHESAPEAKE OPERATING INC Phone: (405) 935-2567
 3. Address: P O BOX 18496 Fax: (405) 849-2567
 City: OKLAHOMA CITY State: OK Zip: 73154-

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&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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)