

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:  
400216874

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 05-123-32910-00  
6. County: WELD  
7. Well Name: Hoff Well Number: 6-62 15-1H  
8. Location: QtrQtr: NW NE Section: 15 Township: 6N Range: 62W Meridian: 6  
Footage at surface: Distance: 600 feet Direction: FNL Distance: 1980 feet Direction: FEL  
As Drilled Latitude: 40.492786 As Drilled Longitude: -104.305607

GPS Data:  
Date of Measurement: 10/22/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Paul Orme

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:  
\*\* If directional footage at Bottom Hole Dist.: 600 feet. Direction: FSL Dist.: 1934 feet. Direction: FEL  
Sec: 15 Twp: 6n Rng: 62w

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) 09/22/2011 13. Date TD: 10/02/2011 14. Date Casing Set or D&A: 10/03/2011

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

16. Total Depth MD 10240 TVD\*\* 6412 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 4738 KB 4758  
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:  
MWD and 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	24	16		0	80		0	80	CALC
SURF	12+1/4	9+5/8	40	0	925	290	0	925	CALC
1ST	8+3/4	5+1/2	17	0	5,938	440	0	5,938	CALC
1ST LINER	8+3/4	4+1/2	11.6	5938	10,240	1,065	5,938	10,240	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

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

Details of work:

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	3,418		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,191		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,765		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,284		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,388		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

A final Form 5 will be filed after completion

CBL will be filed with the final Form 5

Hard-copy logs were 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 COMPL. ANALYST

Date: 10/24/2011

Email: seth.sanders@chk.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400217420	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400217418	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"/>
<b><u>Other Attachments</u></b>			
400216874	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400217393	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400217394	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Engineer	Preliminary Form 5, no CBL yet.	12/8/2011 2:10:39 PM

Total: 1 comment(s)