FORM 5		DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

Document Number:

400236285

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: 05-123-32910-00

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:

Data 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.: 936 feet. Direction: FNL Dist.: 1974 feet. Direction: FEL

Sec: 15 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 617 feet. Direction: FSL Dist.: 1962 feet. Direction: FEL

Sec: 15 Twp: 6N Rng: 62W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: N/A

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: 10/02/2011

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 10240 TVD** 6412

18. Elevations GR 4737 KB 4757

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:

Mud, MWD- MD 1", MD 5", TVD 1", TVD 5"

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	7+7/8	5+1/2	17	0	5,916	440	0	5,916	CALC
1ST LINER	7+7/8	4+1/2	11.6	5916	10,240	1,065	3,431	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		☐	☐	
SUSSEX	4,191		☐	☐	
SHANNON	4,765		☐	☐	
SHARON SPRINGS	6,284		☐	☐	
NIOBRARA	6,388		☐	☐	

Comment:

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: _____   Email: seth.sanders@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
Attachment Checklist					
400236310	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
400236330	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒
Other Attachments					
400236296	LAS-MUD	Yes	☒	No	☐
400236298	LAS-ELECTRONIC	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)