

FORM  
5A

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:

400237611

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 05-123-34284-00  
6. County: WELD  
7. Well Name: LINDSTROM 24-8-67  
Well Number: 1H  
8. Location: QtrQtr: NENW Section: 24 Township: 8N Range: 67W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 12/03/2011 Date of First Production this formation: 12/07/2011  
Perforations Top: 7576 Bottom: 11260 No. Holes: 480 Hole size: 0.47  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Please see attached Frac Disclosure  
This formation is commingled with another formation: ☐ Yes ☒ No  
Test Information:  
Date: 01/16/2012 Hours: 24 Bbls oil: 3 Mcf Gas: 3 Bbls H2O: 53  
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 3 Bbls H2O: 53 GOR:   
Test Method: Flowing Casing PSI: 30 Tubing PSI: Choke Size:   
Gas Disposition: FLARED Gas Type: WET BTU Gas: 1088 API Gravity Oil: 38  
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:   
Reason for Non-Production:   
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt   
Bridge Plug Depth: Sacks cement on top:

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 ANALYST I Date: Email seth.sanders@chk.com

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

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

**Attachment Check List**

Att Doc Num	Name
400237619	WELLBORE DIAGRAM
400237620	WIRELINE JOB SUMMARY
400237621	OPERATIONS SUMMARY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)