FORM 5	State of Colorado		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

DE	ET	OE	ES

Document Number:

400239229

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: Christy Keith

Phone: (405) 935-7539

Fax: (405) 849-7539

5. API Number   05-123-34627-00

6. County: WELD

7. Well Name: HEIBY 18-8-66   Well Number: 1H

8. Location: QtrQtr: NWNW   Section: 18   Township: 8N   Range: 66W   Meridian: 6

Footage at surface: Distance: 676 feet Direction: FNL   Distance: 609 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   Dist.: 1260 feet. Direction: FNL   Dist.: 643 feet. Direction: FWL

Sec: 18   Twp: 8N   Rng: 66W

** If directional footage at Bottom Hole   Dist.: 621 feet. Direction: FSL   Dist.: 665 feet. Direction: FWL

Sec: 18   Twp: 8N   Rng: 66W

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) 11/22/2011 13. Date TD: 12/04/2011 14. Date Casing Set or D&A: 12/05/2011

15. Well Classification:

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

16. Total Depth   MD 10798   TVD** 7190   17 Plug Back Total Depth   MD 10798   TVD** 7190

18. Elevations   GR 5246   KB 5266   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:

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	20	16	84	0	102		0	102	CALC
SURF	12+1/4	9+5/8	40	0	1,021	275	0	1,021	CALC
1ST	8+1/2	5+1/2	17	0	6,345	451	2,528	6,345	CBL
1ST LINER	8+1/2	4+1/2	11.6	6345	10,798	1,255	2,528	10,798	CBL

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	3,502		☐	☐	
SUSSEX	4,300		☐	☐	
SHANNON	4,903		☐	☐	
SHARON SPRINGS	7,006		☐	☐	
NIOBRARA	7,141		☐	☐	

Comment:

Will sundry to add as-drilled GPS data.

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

Signed: _____   Print Name: Christy Keith _____

Title: Regulatory Analyst 1   Date: _____   Email: christy.keith@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)