

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:

400209811

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 05-123-34079-00

6. County: WELD

7. Well Name: HUTCHISON 2-9-67

Well Number: 1H

8. Location: QtrQtr: SWSE Section: 2 Township: 9N Range: 67W Meridian: 6

Footage at surface: Distance: 280 feet Direction: FSL Distance: 2180 feet Direction: FEL

As Drilled Latitude: 40.769717 As Drilled Longitude: -104.856582

GPS Data:

Date of Measurement: 09/26/2011 PDOP Reading: 2.6 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.: 657 feet. Direction: FNL Dist.: 2194 feet. Direction:

Sec: 2 Twp: 9N Rng: 67W

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

15. Well Classification:

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

16. Total Depth MD 11778 TVD\*\* 7675 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5421 KB 5443

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  
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	1,429	395	0	1,429	CALC
1ST	7+7/8	5+1/2	17#	0	7,067	485	3,321	7,067	CALC
1ST LINER	7+7/8	4+1/2	11.6#	7067	11,778	1,162	7,067	11,778	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	4,345		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,245		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,390		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,450		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,647		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

A final form 5 will be submitted after completion

CBL will be submitted 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 COMPL. ANALYST Date: 9/29/2011 Email: seth.sanders@chk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400210075	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400209834	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"/>
<u>Other Attachments</u>					
400209811	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400209831	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400209832	LAS-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)