

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:
400245012

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 05-123-32489-01
6. County: WELD
7. Well Name: STATE 7-62-16 Well Number: 1H
8. Location: QtrQtr: SESE Section: 16 Township: 7N Range: 62W Meridian: 6
Footage at surface: Distance: 659 feet Direction: FSL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.568590 As Drilled Longitude: -104.319730

GPS Data:

Data of Measurement: 08/01/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Darren Veal

** If directional footage at Top of Prod. Zone Dist.: 1315 feet. Direction: FSL Dist.: 675 feet. Direction: FEL

Sec: 16 Twp: 7N Rng: 62W

** If directional footage at Bottom Hole Dist.: 612 feet. Direction: FNL Dist.: 678 feet. Direction: FEL

Sec: 16 Twp: 7N Rng: 62W

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

11. Federal, Indian or State Lease Number: 8426.5

12. Spud Date: (when the 1st bit hit the dirt) 12/21/2010 13. Date TD: 10/18/2011 14. Date Casing Set or D&A: 10/19/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10452 TVD** 6714 17 Plug Back Total Depth MD 10452 TVD** 6714

18. Elevations GR 4908 KB 4930

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:

Directional, MUD, Gamma Ray CCL

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	36#	0	513	258	0	517	CALC
1ST	8+3/4	7	23#	0	6,960	175	5,162	6,961	CBL
1ST LINER	6+1/8	4+1/2	11.6#	6960	10,452	420	5,525	10,542	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	
SHARON SPRINGS	6,610		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,697		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is the final completion for the horizontal portion of a sidetrack that was drilled off of a vertical well that CHK acquired from Antelope. See related forms.

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 Date: _____ Email: seth.sanders@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400245414	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400245416	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>			
400245410	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245418	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245422	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245625	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)