

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400237016

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 4. Contact Name: Christy Keith
2. Name of Operator: CHESAPEAKE OPERATING INC Phone: (405) 935-7539
3. Address: P O BOX 18496 Fax: (405) 849-7539
City: OKLAHOMA CITY State: OK Zip: 73154-

5. API Number 05-123-32487-01 6. County: WELD
7. Well Name: State 7-61-16 Well Number: 1H
8. Location: QtrQtr: SESE Section: 16 Township: 7N Range: 61W Meridian: 6
9. Field Name: UNNAMED Field Code: 85251

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/10/2011 Date of First Production this formation: 12/22/2011

Perforations Top: 6760 Bottom: 9900 No. Holes: 400 Hole size: 0.38

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: 12/23/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 0 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 0 Bbls H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 20 Tubing PSI: Choke Size: 20/64

Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5791 Tbg setting date: 01/10/2012 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: Christy Keith

Title: Regulatory Analyst 1 Date: 1/12/2012 Email christy.keith@chk.com

Attachment Check List

Att Doc Num	Name
400237016	FORM 5A SUBMITTED
400237023	OTHER
400237024	WIRELINE JOB SUMMARY
400237359	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)