

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:

400245017

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: 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 05-123-32486-01 6. County: WELD  
7. Well Name: State 7-62-36 Well Number: 1H  
8. Location: QtrQtr: NWNW Section: 36 Township: 7N Range: 62W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

**Completed Interval**

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/18/2011</u>		Date of First Production this formation: <u>12/31/2011</u>	
Perforations	Top: <u>6650</u> Bottom: <u>9992</u>	No. Holes: <u>400</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Please see attached Frac Disclosure			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>01/27/2012</u>	Hours: <u>24</u>	Bbls oil: <u>12</u>	Mcf Gas: <u>2</u> Bbls H2O: <u>112</u>
Calculated 24 hour rate:		Bbls oil: <u>12</u>	Mcf Gas: <u>2</u> Bbls H2O: <u>112</u> GOR: <u>167</u>
Test Method: <u>Rod Pump</u>	Casing PSI: <u>190</u>	Tubing PSI: <u>190</u>	Choke Size: <u></u>
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>41</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5759</u>	Tbg setting date: <u>01/16/2012</u>	Packer Depth: <u></u>
Reason for Non-Production:			
<u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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 Date: 1/30/2012 Email: seth.sanders@chk.com

### Attachment Check List

Att Doc Num	Name
400245017	FORM 5A SUBMITTED
400246857	WELLBORE DIAGRAM
400246858	WIRELINE JOB SUMMARY
400246859	OPERATIONS SUMMARY

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)