

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



Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400245017

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
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 05-123-32486-01
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: NIOBRARA Status: PRODUCING
Treatment Date: 12/18/2011 Date of First Production this formation: 12/31/2011
Perforations Top: 6650 Bottom: 9992 No. Holes: 400 Hole size: 0.42
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: 01/27/2012 Hours: 24 Bbls oil: 12 Mcf Gas: 2 Bbls H2O: 112
Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 2 Bbls H2O: 112 GOR: 167
Test Method: Rod Pump Casing PSI: 190 Tubing PSI: 190 Choke Size:
Gas Disposition: FLARED Gas Type: WET BTU Gas: 1 API Gravity Oil: 41
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5759 Tbg setting date: 01/16/2012 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: SETH SANDERS
Title: REGULATORY ANALYST Date: 1/30/2012 Email seth.sanders@chk.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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)