

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:

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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: 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: 1300 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)