

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400321822

Date Received:

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 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 05-123-34095-00 6. County: WELD
 7. Well Name: HEDIGER 24-9-67 Well Number: 1H
 8. Location: QtrQtr: SWSW Section: 24 Township: 9N Range: 67W Meridian: 6
 Footage at surface: Distance: 350 feet Direction: FSL Distance: 600 feet Direction: FWL
 As Drilled Latitude: 40.726571 As Drilled Longitude: -104.846650

GPS Data:

Date of Measurement: 09/26/2011 PDOP Reading: 3.8 GPS Instrument Operator's Name: Orme

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FSL Dist.: 0 feet. Direction: FWL

Sec: 24 Twp: 9N Rng: 67W

** If directional footage at Bottom Hole Dist.: 614 feet. Direction: FNL Dist.: 659 feet. Direction: FWL

Sec: 24 Twp: 9N Rng: 67W

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

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/01/2011 13. Date TD: 09/13/2011 14. Date Casing Set or D&A: 09/15/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11485 TVD** 7457 17 Plug Back Total Depth MD 11485 TVD** 7457

18. Elevations GR 5323 KB 5337

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:

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	
SURF	12+1/4	9+5/8	40	0	1,300	390	0	1,300	
1ST	7+7/8	5+1/2	17	0	6,702	613	2,800	6,702	CBL
1ST LINER	7+7/8	4+1/2	11.6	6702	11,485	1,005	6,702	11,485	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
RICHARD	3,800		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,650		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,060		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,237		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,377		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well has never been completed and is currently waiting on completion operations.

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: Reg. Analyst II

Date: _____

Email: christy.keith@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)