

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



DE ET OE ES

Document Number:

400322006

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: 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 05-123-34079-00

6. County: WELD

7. Well Name: HUTCHISON 2-9-67

Well Number: 1H

8. Location: QtrQtr: SWSE Section: 2 Township: 9N Range: 67W Meridian: 6

Footage at surface: Distance: 280 feet Direction: FSL Distance: 2180 feet Direction: FEL

As Drilled Latitude: 40.769717 As Drilled Longitude: -104.856582

GPS Data:

Data of Measurement: 09/26/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAUL ORME

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

Sec: 2 Twp: 9N Rng: 67W

** If directional footage at Bottom Hole Dist.: 630 feet. Direction: FNL Dist.: 2187 feet. Direction: FEL

Sec: 2 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) 09/02/2011 13. Date TD: 09/13/2011 14. Date Casing Set or D&A: 09/14/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11778 TVD** 7675 17 Plug Back Total Depth MD 11778 TVD** 7675

18. Elevations GR 5421 KB 5443

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:

Directional, Mud, CBL, Gamma Ray VDL, Collar Correlation Log

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	CBL
SURF	12+1/4	9+5/8	40#	0	1,429	395	0	1,429	CBL
1ST	7+7/8	5+1/2	17#	0	7,067	485	3,321	7,067	CBL
2ND	7+7/8	4+1/2	11.6#	7067	11,778	1,162	7,067	11,778	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	4,345		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,245		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,390		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,450		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,647		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well has never been completed and is 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: SETH SANDERS

Title: REGULATORY ANALYST

Date: _____

Email: seth.sanders@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

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Total: 0 comment(s)