

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:

400485032

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.

Completion Type [X] 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 05-123-32096-00 6. County: WELD
7. Well Name: PAWNEE Well Number: 9-65-36-1
8. Location: QtrQtr: SESE Section: 36 Township: 9N Range: 65W Meridian: 6
Footage at surface: Distance: 300 feet Direction: FSL Distance: 700 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 8439.5

12. Spud Date: (when the 1st bit hit the dirt) 02/16/2011 13. Date TD: 03/06/2011 14. Date Casing Set or D&A: 03/07/2011

15. Well Classification:
[] Dry [X] Oil [] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

16. Total Depth MD 1090 TVD** 17 Plug Back Total Depth MD 0 TVD**

18. Elevations GR 5184 KB 5214
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:
N/A

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Row 1: SURF, 12+1/4, 9+5/8, 0, 1,080, 420, 1,080, VISU

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CLEANUP PAPERWORK FOR WELL ACQUIRED FROM ANTELOPE ENERGY IN JUNE 2011 WITH A SIDETRACK PERMITTED BY CHESAPEAKE THAT WAS NEVER DRILLED. WELL ONLY HAD SURFACE CASING RUN AND HAS A TD OF 1090'. THIS FINAL COMPLETION WAS NEVER FILED BY ANTELOPE AND IS BEING FILED UTILIZING DATA FROM THE HISTORICAL WELL FILE.

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: SUPERVISOR- REG AFFAIRS Date: _____ Email: seth.sanders@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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

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

Total: 0 comment(s)