

FORM
5A

Rev
06/12

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:

400589307

Date Received:

04/16/2014

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
2. Name of Operator: CHESAPEAKE OPERATING LLC
3. Address: P O BOX 18496
City: OKLAHOMA CITY State: OK Zip: 73154-
4. Contact Name: Christy Keith
Phone: (405) 935-7539
Fax: (405) 849-7539
Email: christy.keith@chk.com

5. API Number 05-011-06200-01
6. County: BENT
7. Well Name: BROWN 28-24-49
Well Number: 1
8. Location: QtrQtr: NENE Section: 28 Township: 24S Range: 49W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ATOKA Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/03/2013 End Date: 08/06/2013 Date of First Production this formation: 08/28/2013

Perforations Top: 5029 Bottom: 8118 No. Holes: 135 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stg 1 120b 15% FE 3300b Slkwtr 155# 20/40 Ottawa Sd Perfs 8118 - 7942 30 holes 5 spf, BP 7896- Stg 2 Perfs 7848-7657 15 holes 5 spf 120b 15% FE 3000b Slkwtr 133K 20/40 Ottawa Sd for each stage - BP - 7594 Stg 133b 15% FE 1502b Slkwtr 15k lbs 20/40 Ottawa Sd - 15 holes 5 SPF Stg 4 - 12 no Acid used - avg 3000b Slkwtr and 160k 20/40 Sd 15 Holes/stage 5 SPF

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 31892

Max pressure during treatment (psi): 7770

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 16.75

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.94

Total acid used in treatment (bbl): 373

Number of staged intervals: 12

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 31892

Fresh water used in treatment (bbl): 30692

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1454974

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/09/2013 Hours: 24 Bbl oil: 16 Mcf Gas: 0 Bbl H2O: 1173

Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 0 Bbl H2O: 1173 GOR: 0

Test Method: ESP Casing PSI: 0 Tubing PSI: 100 Choke Size: 26/64

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 39

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4798 Tbg setting date: 08/13/2013 Packer Depth: _____

Reason for Non-Production: Shut-in for scientific evaluation of data and infrastructure requirements

Date formation Abandoned: 09/10/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Chama drilled and completed this well in 2013 but a Form 5A was never filed. Chesapeake became the operator of this well in Dec. 2013. All above information was provide to Chesapeake by Chama.

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: Sr. Regulatory Analyst Date: 4/16/2014 Email christy.keith@chk.com
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Attachment Check List

Att Doc Num **Name**

400589307	FORM 5A SUBMITTED
400589325	WELLBORE DIAGRAM
400590440	OTHER

Total Attach: 3 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)