

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:

400149580

**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: 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: 73154-04

5. API Number 05-123-31432-00 6. County: WELD  
7. Well Name: PAWNEE Well Number: 2-16-1  
8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 67W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 03/22/2011 Date of First Production this formation: 04/03/2011  
Perforations Top: 8251 Bottom: 13110 No. Holes:          Hole size:           
Provide a brief summary of the formation treatment: Open Hole: ☐  
368,131 lbs 20/40 Super LC, 3,045,995 lbs 30/50 White Sand, 70,177 bbls Gel  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 04/07/2011 Hours: 24 Bbls oil: 22 Mcf Gas: 0 Bbls H2O: 1856  
Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 0 Bbls H2O: 1856 GOR: 0  
Test Method: Flowtest Casing PSI: 510 Tubing PSI:          Choke Size:           
Gas Disposition: FLARED Gas Type: WET BTU Gas:          API Gravity Oil: 41  
Tubing Size:          Tubing Setting Depth:          Tbg setting date:          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:

Confidential

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: Regulatory Admin Asst. Date:          Email christy.keith@chk.com  
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400149580	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)