

FORM
5Rev
02/08State 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:

400160501

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: 73154-04

5. API Number 05-103-10154-00 6. County: RIO BLANCO
7. Well Name: WRD FEDERAL Well Number: 3-27
8. Location: QtrQtr: NENE Section: 27 Township: 2N Range: 97W Meridian: 6
Footage at surface: Distance: 951 feet Direction: FNL Distance: 1045 feet Direction: FEL
As Drilled Latitude: 40.117642 As Drilled Longitude: -108.258044

GPS Data:

Data of Measurement: 08/15/2006 PDOP Reading: 2.2 GPS Instrument Operator's Name: Shawn Hawk

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WHITE RIVER 10. Field Number: 92800
11. Federal, Indian or State Lease Number: COC 49335

12. Spud Date: (when the 1st bit hit the dirt) 09/04/2007 13. Date TD: 09/20/2007 14. Date Casing Set or D&A: 09/21/2007

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7448 TVD _____ 17 Plug Back Total Depth MD 7364 TVD _____18. Elevations GR 5960 KB 5977

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:

CBL/GR GR Neutron, High Resolution Induction

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
SURF	12	8		0	1,139	400	0		
1ST	7	5		0	7,449	950	1,900		

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WILLIAMS FORK - CAMEO	2,705	6,384	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,384	7,335	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,335		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)