

FORM
5
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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:
400160578

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 05-103-10998-00 6. County: RIO BLANCO
7. Well Name: WRD FEDERAL Well Number: 2-23
8. Location: QtrQtr: NWSE Section: 23 Township: 2N Range: 97W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FEL
As Drilled Latitude: 40.125656 As Drilled Longitude: -108.243133

GPS Data:

Data of Measurement: 11/21/2006 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brandon Bowthorpe

** 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: COC62850

12. Spud Date: (when the 1st bit hit the dirt) 07/29/2007 13. Date TD: 08/16/2007 14. Date Casing Set or D&A: 08/16/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7400 TVD _____ 17 Plug Back Total Depth MD 7382 TVD _____

18. Elevations GR 6018 KB 6035

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:

TDL, CN/AIT, GR

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+1/4	8+5/8		0	1,130	400	0	1,130	
1ST	7+7/8	5+1/2		4450	7,423	900	4,450	7,423	CBL

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	2,832	6,395	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,395		<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

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

Total: 0 comment(s)