

**FORM**  
**5**Rev  
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



DE ET OE ES

Document Number:

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**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 05-103-10998-00

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&amp;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)