

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:

400160588

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 05-103-10998-00 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
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: _____		Status: _____	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: _____	Bottom: _____	No. Holes: _____
Hole size: _____		Provide a brief summary of the formation treatment: _____	
Open Hole: <input type="checkbox"/>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
Bbls H2O: _____	Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____
Bbls H2O: _____	GOR: _____	Test Method: _____	Casing PSI: _____
Tubing PSI: _____	Choke Size: _____	Gas Disposition: _____	Gas Type: _____
BTU Gas: _____	API Gravity Oil: _____	Tubing Size: _____	Tubing Setting Depth: _____
Tbg setting date: _____	Packer Depth: _____	Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____	

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 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
400159722	FORM 2A SUBMITTED
400160573	NRCS MAP UNIT DESC
400160574	ACCESS ROAD MAP
400160575	CONST. LAYOUT DRAWINGS
400160576	HYDROLOGY MAP
400160577	LOCATION DRAWING
400160579	LOCATION PICTURES
400160580	REFERENCE AREA MAP
400160581	REFERENCE AREA PICTURES
400160582	SURFACE AGRMT/SURETY

Total Attach: 10 Files

General Comments

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

Total: 0 comment(s)