

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400160525				
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: <u>16660</u>	4. Contact Name: <u>Christy Keith</u>
2. Name of Operator: <u>CHESAPEAKE OPERATING INC</u>	Phone: <u>(405) 935-7539</u>
3. Address: <u>P O BOX 18496</u>	Fax: <u>(405) 849-7539</u>
City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73154-04</u>	

5. API Number <u>05-103-10154-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>WRD FEDERAL</u>	Well Number: <u>3-27</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>27</u> Township: <u>2N</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>WHITE RIVER</u> Field Code: <u>92800</u>	

<u>Completed Interval</u>	
FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/11/2007</u>	Date of First Production this formation: <u>10/08/2007</u>
Perforations Top: <u>7124</u> Bottom: <u>7220</u> No. Holes: <u>64</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
PUMP 1000 GAL 15% HCL, 2081 BBL WATER, 62149# 20/40 BULK SAND	
This formation is commingled with another formation:	<input checked="" type="checkbox"/> Yes <input 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: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/11/2007 Date of First Production this formation: 11/08/2007

Perforations Top: 5569 Bottom: 6356 No. Holes: 164 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

PUMP 2000 GAL 15% HCL, 5672 BBL WATER, 167689# 20/40 BULK SAND

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 10/11/2007 Date of First Production this formation: _____

Perforations Top: 5569 Bottom: 7222 No. Holes: 228 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/27/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 954 Bbls H2O: 105

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 954 Bbls H2O: 105 GOR: 0

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 775 Choke Size: 17/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5467 Tbg setting date: 10/17/2007 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: _____

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: 4/29/2011 Email: christy.keith@chk.com

Attachment Check List

Att Doc Num	Name
400160525	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)