

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:
400163597

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
2. Name of Operator: CHESAPEAKE OPERATING INC
3. Address: P O BOX 18496
City: OKLAHOMA CITY State: OK Zip: 73154-04
4. Contact Name: Christy Keith
Phone: (405) 935-7539
Fax: (405) 849-7539

5. API Number 05-123-31432-01
6. County: WELD
7. Well Name: STATE Well Number: 2-16-1
8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 67W Meridian: 6
Footage at surface: Distance: 300 feet Direction: FSL Distance: 700 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage
at Top of Prod. Zone Distance: 749 feet Direction: FSL Distance: 1240 feet Direction: FEL
Sec: 16 Twp: 9N Rng: 67W
at Bottom Hole Distance: 4584 feet Direction: FSL Distance: 4614 feet Direction: FEL
Sec: 16 Twp: 9N Rng: 67W

9. Field Name: CHECKERBOARD 10. Field Number: 10975
11. Federal, Indian or State Lease Number: 8686.5

12. Spud Date: (when the 1st bit hit the dirt) 05/11/2010 13. Date TD: 06/02/2010 14. Date Casing Set or D&A: 06/07/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 13110 TVD 7595 17 Plug Back Total Depth MD 13110 TVD 7595

18. Elevations GR 5496 KB 5511
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:
Claiper, Nuclear

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	13+1/2	9+5/8	36	0	867	730	0	867	CALC
1ST	8+3/4	7	26	0	7,967	732	1,900	7,967	CALC
1ST LINER	6+1/8	4+1/2	11.6	6842	13,032				CALC

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	
NIOBRARA	7,550	7,750	<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
400163611	LAS-
400163612	LAS-
400163613	LAS-
400163614	LAS-
400163615	CEMENT JOB SUMMARY
400163616	DIRECTIONAL SURVEY
400164125	CEMENT JOB SUMMARY

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)