


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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								
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400158031</div>								
<p>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.</p>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>16660</u></td> <td style="width: 50%;">4. Contact Name: <u>Christy Keith</u></td> </tr> <tr> <td>2. Name of Operator: <u>CHESAPEAKE OPERATING INC</u></td> <td>Phone: <u>(405) 935-7539</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 18496</u></td> <td>Fax: <u>(405) 849-7539</u></td> </tr> <tr> <td>City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73154-04</u></td> <td></td> </tr> </table>				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>	
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>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-32812-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>State</u></td> <td>Well Number: <u>8-60 16-1H</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NW NE</u> Section: <u>16</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>CLAY BASKET</u> Field Code: <u>11340</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-32812-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>State</u>	Well Number: <u>8-60 16-1H</u>	8. Location: QtrQtr: <u>NW NE</u> Section: <u>16</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>		9. Field Name: <u>CLAY BASKET</u> Field Code: <u>11340</u>	
5. API Number <u>05-123-32812-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>State</u>	Well Number: <u>8-60 16-1H</u>										
8. Location: QtrQtr: <u>NW NE</u> Section: <u>16</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>											
9. Field Name: <u>CLAY BASKET</u> Field Code: <u>11340</u>											
<u>Completed Interval</u>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>NIOBRARA</u></td> <td style="width: 50%;">Status: <u>PRODUCING</u></td> </tr> </table>				FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>						
FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>										
<table style="width: 100%;"> <tr> <td style="width: 50%;">Treatment Date: <u>04/12/2011</u></td> <td style="width: 50%;">Date of First Production this formation: <u>04/22/2011</u></td> </tr> </table>				Treatment Date: <u>04/12/2011</u>	Date of First Production this formation: <u>04/22/2011</u>						
Treatment Date: <u>04/12/2011</u>	Date of First Production this formation: <u>04/22/2011</u>										
<table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations Top: <u>6565</u></td> <td style="width: 25%;">Bottom: <u>9965</u></td> <td style="width: 25%;">No. Holes: <u>612</u></td> <td style="width: 25%;">Hole size: <u>0.42</u></td> </tr> </table>				Perforations Top: <u>6565</u>	Bottom: <u>9965</u>	No. Holes: <u>612</u>	Hole size: <u>0.42</u>				
Perforations Top: <u>6565</u>	Bottom: <u>9965</u>	No. Holes: <u>612</u>	Hole size: <u>0.42</u>								
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">Please see attached Frac Disclosure</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td>Date: <u>05/03/2011</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>227</u></td> <td>Mcf Gas: <u>142</u></td> <td>Bbls H2O: <u>220</u></td> </tr> </table>				Date: <u>05/03/2011</u>	Hours: <u>24</u>	Bbls oil: <u>227</u>	Mcf Gas: <u>142</u>	Bbls H2O: <u>220</u>			
Date: <u>05/03/2011</u>	Hours: <u>24</u>	Bbls oil: <u>227</u>	Mcf Gas: <u>142</u>	Bbls H2O: <u>220</u>							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate:</td> <td>Bbls oil: <u>227</u></td> <td>Mcf Gas: <u>142</u></td> <td>Bbls H2O: <u>220</u></td> <td>GOR: <u>626</u></td> </tr> </table>				Calculated 24 hour rate:	Bbls oil: <u>227</u>	Mcf Gas: <u>142</u>	Bbls H2O: <u>220</u>	GOR: <u>626</u>			
Calculated 24 hour rate:	Bbls oil: <u>227</u>	Mcf Gas: <u>142</u>	Bbls H2O: <u>220</u>	GOR: <u>626</u>							
<table style="width: 100%;"> <tr> <td>Test Method: <u>Flowing</u></td> <td>Casing PSI: <u>410</u></td> <td>Tubing PSI: <u>0</u></td> <td>Choke Size: <u>20/64</u></td> </tr> </table>				Test Method: <u>Flowing</u>	Casing PSI: <u>410</u>	Tubing PSI: <u>0</u>	Choke Size: <u>20/64</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>410</u>	Tubing PSI: <u>0</u>	Choke Size: <u>20/64</u>								
<table style="width: 100%;"> <tr> <td>Gas Disposition: <u>FLARED</u></td> <td>Gas Type: <u>WET</u></td> <td>BTU Gas: <u>1600</u></td> <td>API Gravity Oil: <u>40</u></td> </tr> </table>				Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1600</u>	API Gravity Oil: <u>40</u>				
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1600</u>	API Gravity Oil: <u>40</u>								
<table style="width: 100%;"> <tr> <td>Tubing Size: _____</td> <td>Tubing Setting Depth: _____</td> <td>Tbg setting date: _____</td> <td>Packer Depth: _____</td> </tr> </table>				Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____								
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.											
Signed: _____ Print Name: <u>Christy Keith</u>											
Title: <u>Regulatory Admin Asst</u> Date: <u>5/13/2011</u> Email: <u>christy.keith@chk.com</u>											

### Attachment Check List

Att Doc Num	Name
400158031	FORM 5A SUBMITTED
400160727	OTHER
400160729	OTHER
400164143	WELLBORE DIAGRAM
400164144	WIRELINE JOB SUMMARY

Total Attach: 5 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC BTU AND API OIL VALUES	6/17/2011 8:19:11 AM
Permit	REQ BTU GAS AND API GRAVITY OIL	6/16/2011 2:54:44 PM

Total: 2 comment(s)