

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
----	----	----	----

Document Number:

400216874

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: SETH SANDERS
 2. Name of Operator: CHESAPEAKE OPERATING INC Phone: (405) 935-2567
 3. Address: P O BOX 18496 Fax: (405) 849-2567
 City: OKLAHOMA CITY State: OK Zip: 73154-

5. API Number 05-123-32910-00 6. County: WELD
 7. Well Name: Hoff Well Number: 6-62 15-1H
 8. Location: QtrQtr: NW NE Section: 15 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 600 feet Direction: FNL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 40.492786 As Drilled Longitude: -104.305607

GPS Data:
 Date of Measurement: 10/22/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Paul Orme

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/22/2011 13. Date TD: 10/02/2011 14. Date Casing Set or D&A: 10/03/2011

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

16. Total Depth MD 10240 TVD** 6412 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 4737 KB 4757 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:
MWD and Mud Logs

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
CONDUCTOR	24	16		0	80		0	80	CALC
SURF	12+1/4	9+5/8	40	0	925	290	0	925	CALC
1ST	8+3/4	5+1/2	17	0	5,938	440	0	5,938	CALC
1ST LINER	8+3/4	4+1/2	11.6	5938	10,240	1,065	5,938	10,240	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
RICHARD	3,418		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,191		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,765		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,284		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,388		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

A final Form 5 will be filed after completion

CBL will be filed with the final Form 5

Hard-copy logs were sent UPS

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: SETH SANDERS

Title: REGULATORY COMPL. ANALYST

Date:

Email: seth.sanders@chk.com

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)