

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)