

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:  
400209249

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

5. API Number 05-123-34080-00  
6. County: WELD  
7. Well Name: EICHHEIM 18-9-66 Well Number: 1H  
8. Location: QtrQtr: SESE Section: 18 Township: 9N Range: 66W Meridian: 6  
Footage at surface: Distance: 405 feet Direction: FSL Distance: 660 feet Direction: FEL  
As Drilled Latitude: 40.740609 As Drilled Longitude: -104.812576

GPS Data:  
Date of Measurement: 09/26/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: 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.: 611 feet. Direction: FSL Dist.: 695 feet. Direction:  
Sec: 18 Twp: 9N Rng: 66W

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) 09/03/2011 13. Date TD: 09/15/2011 14. Date Casing Set or D&A: 09/16/2011

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

16. Total Depth MD 11505 TVD\*\* 7435 17 Plug Back Total Depth MD 11475 TVD\*\* 7435

18. Elevations GR 5285 KB 5305  
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 Logs, 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	1,150	330	0	1,150	CALC
1ST	7+7/8	5+1/2	17	0	6,811	531	2,800	6,811	CALC
1ST LINER	7+7/8	4+1/2	11.6#	6811	11,505	1,127	6,811	11,505	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	3,842		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,720		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,190		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,340		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final Form 5 will be filed after Completion.

CBL will be filed will Final Form 5.

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 Compl. Analyst Date: 10/14/2011 Email: christy.keith@chk.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400213195	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400213196	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400209249	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209389	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209390	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)