

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:  
400209492

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 05-123-34095-00  
6. County: WELD  
7. Well Name: HEDIGER 24-9-67 Well Number: 1H  
8. Location: QtrQtr: SWSW Section: 24 Township: 9N Range: 67W Meridian: 6  
Footage at surface: Distance: 350 feet Direction: FSL Distance: 600 feet Direction: FWL  
As Drilled Latitude: 40.726571 As Drilled Longitude: -104.846650

GPS Data:  
Date of Measurement: 09/26/2011 PDOP Reading: 3.8 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.: 614 feet. Direction: FNL Dist.: 659 feet. Direction: FWL  
Sec: 24 Twp: 9n Rng: 67w

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) 09/01/2011 13. Date TD: 09/13/2011 14. Date Casing Set or D&A: 09/15/2011

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

16. Total Depth MD 11485 TVD\*\* 7457 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5325 KB 5339  
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 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	1,300	390	0	1,300	CALC
1ST	7+7/8	5+1/2	17#	0	6,702	613	2,800	6,702	CALC
2ND	7+7/8	4+1/2	11.6	6702	11,485	1,005	6,702	11,485	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	3,800		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,650		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,060		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,237		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,377		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final Form 5 will be filed after Completion.

CBL will be filed with 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 Comp. Analyst Date: 10/14/2011 Email: christy.keith@chk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400209513	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400209511	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"/>
<u>Other Attachments</u>			
400209492	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209508	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209509	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209510	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Engineer	Preliminary Form 5, no CBL yet.	12/8/2011 10:24:12 AM

Total: 1 comment(s)