

FORM
5A
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:
400236282

COMPLETED INTERVAL REPORT

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.

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: SETH SANDERS
Phone: (405) 935-2567
Fax: (405) 849-2567

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
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/29/2011 Date of First Production this formation: 12/02/2011
Perforations Top: 6566 Bottom: 10106 No. Holes: 400 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Please see attached Frac Disclosure
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/14/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 85 Tubing PSI: Choke Size:
Gas Disposition: FLARED Gas Type: WET BTU Gas: 1088 API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

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 ANALYST I Date: Email seth.sanders@chk.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400236332	WELLBORE DIAGRAM
400236334	OPERATIONS SUMMARY
400236335	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)