

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:
400233677

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 05-123-34627-00
6. County: WELD
7. Well Name: HEIBY 18-8-66
Well Number: 1H
8. Location: QtrQtr: NWNW Section: 18 Township: 8N Range: 66W Meridian: 6
Footage at surface: Distance: 676 feet Direction: FNL Distance: 609 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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) 11/22/2011 13. Date TD: 12/04/2011 14. Date Casing Set or D&A: 12/05/2011

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

16. Total Depth MD 10798 TVD** 7190 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5246 KB 5266
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, 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	20	16		0	102		0	102	CALC
SURF	12+1/4	9+5/8	40	0	1,021	275	0	1,021	CALC
1ST	8+1/2	5+1/2	17	0	6,345	451	2,528	6,345	CALC
1ST LINER	8+1/2	4+1/2	11.6	6345	10,798	1,255	2,528	10,798	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	3,502		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,300		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,903		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,006		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,141		<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 Analyst 1

Date: _____

Email: christy.keith@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400233689	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400233688	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>			
400233683	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400233685	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400233686	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)