

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:

400239244

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

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
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/01/2012</u>	Date of First Production this formation: <u>01/03/2012</u>
Perforations Top: <u>7425</u> Bottom: <u>10660</u>	No. Holes: <u>396</u> Hole size: <u>0.47</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
Please see attached Frac Disclosure	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/06/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>112</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>112</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>5</u> Tubing PSI: _____ Choke Size: <u>20/64</u>	
Gas Disposition: _____ Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Christy Keith

Title: Regulatory Analyst I Date: _____ Email christy.keith@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
400239246	OPERATIONS SUMMARY
400244249	WIRELINE JOB SUMMARY
400244251	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)