

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:

400246555

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

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 05-123-34824-00

6. County: WELD

7. Well Name: State 8-60

Well Number: 16-2H

8. Location: QtrQtr: NWNW Section: 16 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 280 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data 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: 8431.5

12. Spud Date: (when the 1st bit hit the dirt) 01/03/2012 13. Date TD: 01/15/2012 14. Date Casing Set or D&A: 01/18/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10305 TVD** 6357 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4918 KB 4940

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, Compact Well Shuttle Photo Density/Dual Neutron Array Induction; CBL

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 | |
| SURF | 12+1/4 | 9+5/8 | 40 | 0 | 1,111 | 275 | 0 | 1,111 | |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 5,660 | 380 | 2,300 | 5,660 | CBL |
| 1ST LINER | 8+1/2 | 4+1/2 | 11.6 | 5660 | 10,305 | 1,275 | 2,300 | 10,305 | CBL |

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 | 3,380 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,220 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,915 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 6,210 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,305 | | <input type="checkbox"/> | <input type="checkbox"/> | |

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|---------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400251425 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400246574 | 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> | | | | | |
| 400246577 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400251432 | LAS-COMBINATION OPEN HOLE | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400251435 | LAS-ELECTRONIC | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400252159 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| | | |
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| | | |
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Total: 0 comment(s)