

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400253166

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) 820-9501
Fax: (405) 849-2567

5. API Number 05-123-34670-00
6. County: WELD
7. Well Name: BRENT 20-8-66
Well Number: 1H
8. Location: QtrQtr: SESW Section: 20 Township: 8N Range: 66W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: Date of First Production this formation:
Perforations Top: 7310 Bottom: 11100 No. Holes: 400 Hole size: 0.4
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: 01/28/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 35
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 35 GOR: 0
Test Method: Flowing Casing PSI: 20 Tubing PSI: Choke Size: 20/64
Gas Disposition: FLARED Gas Type: WET BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6435 Tbg setting date: 01/29/2012 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 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
400253284	OPERATIONS SUMMARY
400253287	WIRELINE JOB SUMMARY
400253295	WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)