

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



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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 4. Contact Name: SETH SANDERS
2. Name of Operator: CHESAPEAKE OPERATING INC Phone: (405) 820-9501
3. Address: P O BOX 18496 Fax: (405) 849-2567
City: OKLAHOMA CITY State: OK Zip: 73154-

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

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

Total: 0 comment(s)