

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:  
400253127

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: 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  
Footage at surface: Distance: 315 feet Direction: FSL Distance: 1830 feet Direction: FWL  
As Drilled Latitude: 40.640998 As Drilled Longitude: -104.804690

GPS Data:

Data of Measurement: 01/27/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: PAUL ORME

\*\* If directional footage at Top of Prod. Zone Dist.: 691 feet. Direction: FSL Dist.: 1937 feet. Direction: FWL  
Sec: 20 Twp: 8N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 618 feet. Direction: FNL Dist.: 1998 feet. Direction: FWL  
Sec: 20 Twp: 8N Rng: 66W

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) 12/10/2011 13. Date TD: 12/26/2011 14. Date Casing Set or D&A: 02/27/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11245 TVD\*\* 7073 17 Plug Back Total Depth MD 11245 TVD\*\* 7073

18. Elevations GR 5108 KB 5130

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:

Mud, Directional/Survey, Gamma Ray, 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	24	16		0	80		0	80	CALC
SURF	12+1/4	9+5/8	40#	0	906	855	0	906	CALC
1ST	8+1/2	5+1/2	17#	0	6,516	460	2,557	11,250	CALC
1ST LINER	8+1/2	4+1/2	11.6#	6516	11,250	1,325	2,557	11,250	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	3,400		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,106		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,695		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,834		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,963		<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: SETH SANDERS

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: seth.sanders@chk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400253148	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400253153	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>			
400253144	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400253145	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400253156	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400253161	DIRECTIONAL DATA	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)