

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:  
400233677

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: Christy Keith  
Phone: (405) 935-7539  
Fax: (405) 849-7539

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  
Footage at surface: Distance: 676 feet Direction: FNL Distance: 609 feet Direction: FWL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:  
Date 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:

12. Spud Date: (when the 1st bit hit the dirt) 11/22/2011 13. Date TD: 12/04/2011 14. Date Casing Set or D&A: 12/05/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10798 TVD\*\* 7190 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5246 KB 5266  
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

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	CALC
SURF	12+1/4	9+5/8	40	0	1,021	275	0	1,021	VISU
1ST	8+1/2	5+1/2	17	0	6,345	451	2,528	6,345	CBL
1ST LINER	8+1/2	4+1/2	11.6	6345	10,798	1,255	6,345	10,798	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	3,502		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,300		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,903		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,006		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,141		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final Form 5 will be filed after completion.

CBL will be filed with Final Form 5.

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 1

Date: 1/3/2012

Email: christy.keith@chk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400233689	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400233688	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>			
400233677	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400233683	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400233685	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400233686	LAS-ELECTRONIC	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)