

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400262044

Date Received:

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) 935-2567
 3. Address: P O BOX 18496 Fax: (405) 849-2567
 City: OKLAHOMA CITY State: OK Zip: 73154-

5. API Number 05-123-34991-00 6. County: WELD
 7. Well Name: STATE 16-3-61 Well Number: 1H
 8. Location: QtrQtr: NENE Section: 16 Township: 3N Range: 61W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: GREENHORN Status: PRODUCING
 Treatment Date: 04/03/2012 Date of First Production this formation: 04/20/2012
 Perforations Top: 6609 Bottom: 10385 No. Holes: 480 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
 Please see attached Operations Summary
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/25/2012 Hours: 24 Bbls oil: 32 Mcf Gas: 0 Bbls H2O: 372
 Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 0 Bbls H2O: 372 GOR: _____
 Test Method: Flowing Casing PSI: 35 Tubing PSI: 70 Choke Size: _____
 Gas Disposition: FLARED Gas Type: WET BTU Gas: 0 API Gravity Oil: 45
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5692 Tbg setting date: 04/17/2012 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

Attachment Check List

Att Doc Num	Name
400279046	WIRELINER JOB SUMMARY
400279049	OPERATIONS SUMMARY
400279180	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)