

FORM
5
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:
400262043

Date Received:

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) 935-2567
Fax: (405) 849-2567

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
Footage at surface: Distance: 250 feet Direction: FNL Distance: 660 feet Direction: FEL
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.: 652 feet. Direction: FNL Dist.: 645 feet. Direction: FEL
Sec: 16 Twp: 3N Rng: 61W
** If directional footage at Bottom Hole Dist.: 704 feet. Direction: FSL Dist.: 693 feet. Direction: FEL
Sec: 16 Twp: 3N Rng: 61W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 1528.11

12. Spud Date: (when the 1st bit hit the dirt) 02/03/2012 13. Date TD: 02/23/2012 14. Date Casing Set or D&A: 02/25/2012

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

16. Total Depth MD 10527 TVD** 6405 17 Plug Back Total Depth MD 10527 TVD** 6405

18. Elevations GR 4650 KB 4672
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:
Directional, Porosity, Mud, Caliper, Induction, 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	830	240	0	830	CALC
1ST	8+1/2	5+1/2	17#	0	5,763	405	0	5,763	CALC
1ST LINER	8+1/2	4+1/2	11.6#	5763	10,527	1,730	2,270	10,527	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	3,254		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,506		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	3,751		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,757		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,870		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,193		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,551		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As-Drilled GPS data will be submitted on a sundry.

Split String of production casing was run- 5-1/2" x 4-1/2".

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 ?	
Attachment Checklist			
400279005	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400262301	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278950	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278986	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278989	TIF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278991	TIF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278995	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400279000	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400279002	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)