

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



DE ET OE ES

Document Number:

400204584

Date Received:

09/21/2011

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

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 05-123-34046-00

6. County: WELD

7. Well Name: LOVELAND 12-9-67

Well Number: 1H

8. Location: QtrQtr: SESW Section: 12 Township: 9N Range: 67W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data 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.: 485 feet. Direction: FNL Dist.: 1861 feet. Direction: FWL

Sec: 12 Twp: 9N Rng: 67W

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) 08/13/2011 13. Date TD: 08/28/2011 14. Date Casing Set or D&A: 08/29/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11755 TVD** 7636 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5343 KB 5363

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:

1" MD MWD/Directional Survey Logs
1" TVD MWD/Directional Survey Logs
5" MD MWD/Directional Survey Logs
5" TVD MWD/Directional Survey Logs
MUD/Gamma Ray

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	1,265	390	0	1,265	CALC
1ST	7+7/8	5+1/2	17#	0	6,901	540	1,980	6,901	CBL
2ND	7+7/8	4+1/2	11.6#	6901	11,750	1,160	1,980	11,750	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	3,841		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,211		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,320		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,529		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

A final Form 5 will be filed after completion

The as-drilled GPS data and CBL will be filed with the final Form 5

Hard-copy logs will be sent UPS

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 Comp. Analyst

Date: 9/21/2011

Email: seth.sanders@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400204686	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400204688	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>					
400204584	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400207031	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400250033	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received cement bond log 03/09/2012.	4/5/2012 11:39:13 AM
Permit	ON HOLD: requesting hard copy CBL. Received directional drilling template.	2/8/2012 10:37:20 AM
Permit	ON HOLD: requesting directional drilling template, hard copy CBL.	2/8/2012 9:30:34 AM
Permit	ON HOLD: requesting hard copy of logs, diffinitionl of the 1" MD logs, hard copy CBL. directional drilling template.	1/25/2012 10:15:48 AM
Permit	ON HOLD for review of log reporting and submittal	1/20/2012 6:34:57 AM
Permit	Added BHL, Elevation & KB.	12/28/2011 10:17:22 AM
Permit	REQ BHL OK FROM P.G. PERMITTER	10/10/2011 9:33:27 AM

Total: 7 comment(s)