

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:

400321997

Date Received:

09/06/2012

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 05-123-34046-00  
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: 40.755202 As Drilled Longitude: -104.841739

GPS Data:  
Date of Measurement: 08/31/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: PAUL ORME

\*\* If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FSL Dist.: 0 feet. Direction: FWL  
Sec: 12 Twp: 9N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 513 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 11755 TVD\*\* 7636

18. Elevations GR 5342 KB 5362  
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, Mud, CBL, Gamma Ray CCL, VDL

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	340	0	1,265	CALC
1ST	7+7/8	5+1/2	17#	0	6,901	540	2,020	6,901	CBL
2ND	7+7/8	4+1/2	11.6#	6901	11,750	1,160	6,901	11,750	CALC

### 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:

This well has never been completed and is waiting on completion operations.

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: 9/6/2012 Email: seth.sanders@chk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400321997	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Cement Tickets, directional survey and logs submitted with the preliminary form 5	11/1/2012 9:48:31 AM

Total: 1 comment(s)