

**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

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: 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

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

Total: 1 comment(s)