<table>
<tr><td>FORM
5
Rev
02/08</td><td colspan="2">State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109
DRILLING COMPLETION REPORT</td><td>DE | ET | OE | ES

Document Number:
400216109</td></tr>
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State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

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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: Christy Keith

2. Name of Operator: CHESAPEAKE OPERATING INC

Phone: (405) 935-7539

3. Address: P O BOX 18496

Fax: (405) 849-7539

City: OKLAHOMA CITY   State: OK   Zip: 73154-

5. API Number   05-123-32961-00

6. County: WELD

7. Well Name: Girard

Well Number: 2-63 11-1H

8. Location: QtrQtr: SW SE   Section: 11   Township: 2N   Range: 63W   Meridian: 6

Footage at surface: Distance: 600 feet Direction: FSL   Distance: 1980 feet Direction: FEL

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.: ____ feet. Direction: _____   Dist.: ____ feet. Direction: _____

Sec: _____   Twp: _____   Rng: _____

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) 09/20/2011   13. Date TD: 09/30/2011   14. Date Casing Set or D&A: 10/01/2011

15. Well Classification:

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

16. Total Depth MD 10140   TVD** 6387   17 Plug Back Total Depth MD _____   TVD** _____

18. Elevations GR 4734   KB 4756 | 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:

MWD, Mud Logs

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	
SURF	12+1/4	9+5/8	40	0	833	255	0	833	CALC
1ST	8+1/2	5+1/2	17	0	5,620	380	110	5,620	CALC
1ST LINER	8+1/2	4+1/2	11.6	5620	10,129	1,220	5,620	10,129	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	3,550		☐	☐	
SUSSEX	4,650		☐	☐	
SHANNON	4,710		☐	☐	
SHARON SPRINGS	6,239		☐	☐	
NIOBRARA	6,418		☐	☐	

Comment:

Final Form 5 and CBL will be filed after Completion.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____   Print Name: Christy Keith _____

Title: Regulatory Comp. Analyst   Date: Email: christy.keith@chk.com

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)