

**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:

400282963

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: 10322 4. Contact Name: Greg Francis
2. Name of Operator: EAST CHEYENNE GAS STORAGE LLC Phone: (720) 351-4003
3. Address: 10901 WEST TOLLER DRIVE - SUITE 200 Fax: (720) 351-4200
City: LITTLETON State: CO Zip: 80127

5. API Number 05-075-08799-00 6. County: LOGAN
7. Well Name: SCHWAKE Well Number: 1
8. Location: QtrQtr: SESE Section: 31 Township: 12N Range: 52W Meridian: 6
Footage at surface: Distance: 671 feet Direction: FSL Distance: 667 feet Direction: FEL
As Drilled Latitude: 40.965350 As Drilled Longitude: -103.212760

GPS Data:

Data of Measurement: 01/15/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Tim Leibert

** 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: PEETZ WEST 10. Field Number: 68300
11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 09/15/1979 13. Date TD: _____ 14. Date Casing Set or D&A: 04/28/2010

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☒ Storage ☐ Observation16. Total Depth MD 5334 TVD** _____ 17 Plug Back Total Depth MD 5330 TVD** _____18. Elevations GR 4540 KB 4224 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:

Induction Electric log & CDL is available from MJ Systems. East Cheyenne Gas Storage, LLC is only a licence user of MJ Systems data and can not distribute the log data to other parties.

CBL is included as attachment.

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
SURF	12+0/0	8+5/8	24	0	186	200	0	186	CBL
1ST	8+7/8	5+1/2	15.5	0	5,330	200	4,250	5,330	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	1,369	405	0	1,410

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	
D SAND	5,153	5,208	<input type="checkbox"/>	<input type="checkbox"/>	
HUNTSMAN	5,208	5,282	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA-JSND	5,260	5,352	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Greg FrancisTitle: Project Geologist Date: _____ Email: gfrancis@mehllc.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400283021	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"/>
<u>Other Attachments</u>					
400283007	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400283011	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400283012	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400283013	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400283085	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)