

FORM
5Rev
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:

400335647

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: Tina Larreau

2. Name of Operator: EAST CHEYENNE GAS STORAGE LLC

Phone: (720) 351-4006

3. Address: 10901 WEST TOLLER DRIVE - SUITE 200

Fax: (720) 351-4200

City: LITTLETON State: CO Zip: 80127

5. API Number 05-075-09403-00

6. County: LOGAN

7. Well Name: ECGS

Well Number: 6-14 WPD008-1

8. Location: QtrQtr: NWNE Section: 6 Township: 11N Range: 52W Meridian: 6

Footage at surface: Distance: 257 feet Direction: FNL Distance: 1642 feet Direction: FEL

As Drilled Latitude: 40.962880 As Drilled Longitude: -103.216300

GPS Data:

Data of Measurement: 03/28/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Darren Veal

** 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) 09/26/2012 13. Date TD: 09/30/2012 14. Date Casing Set or D&A: 10/01/2012

15. Well Classification:

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

16. Total Depth MD 5265 TVD** 17 Plug Back Total Depth MD 5222 TVD**

18. Elevations GR 4544 KB 4558

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:

attached

Caliper, Induction, Neutron-Density, CBL

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	13+1/2	9+5/8	36	0	1,203	780	0	1,203	CALC
1ST	8+3/4	7+0/0	26	3610	5,265	130	3,610	5,267	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST				

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	
NIOBRARA	4,330		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,140		<input type="checkbox"/>	<input type="checkbox"/>	
HUNTSMAN	5,203		<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: Tina Larreau

Title: Permitting Agent

Date: _____

Email: tlarreau@mehllc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400342174	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"/>

Other Attachments

400341725	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341730	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341747	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341748	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341749	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341750	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341751	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341752	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341755	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341760	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)