

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



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Document Number:  
400338453

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  
2. Name of Operator: EAST CHEYENNE GAS STORAGE LLC  
3. Address: 10901 WEST TOLLER DRIVE - SUITE 200  
City: LITTLETON State: CO Zip: 80127  
4. Contact Name: Tina Larreau  
Phone: (720) 351-4006  
Fax: (720) 351-4200

5. API Number 05-075-09410-00  
6. County: LOGAN  
7. Well Name: ECGS Well Number: 31-7 WPD005-1  
8. Location: QtrQtr: SESW Section: 31 Township: 12N Range: 52W Meridian: 6  
Footage at surface: Distance: 1065 feet Direction: FSL Distance: 2185 feet Direction: FWL  
As Drilled Latitude: As Drilled Longitude:

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

12. Spud Date: (when the 1st bit hit the dirt) 10/04/2012 13. Date TD: 10/16/2012 14. Date Casing Set or D&A: 10/08/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5260 TVD\*\* 17 Plug Back Total Depth MD 5213 TVD\*\*

18. Elevations GR 4543 KB 4557  
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:  
MUD  
CBL  
INDUCTION  
CALIPER  
TRIPLE COMBO  
COMPENSATED NEUTRON

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	1,218	780	0	1,218	CALC
1ST	8+3/4	7+0/0	26	0	5,257	130	3,760	5,220	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 10/17/2012

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	
NIOBRARA	4,340		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,150		<input type="checkbox"/>	<input type="checkbox"/>	
HUNTSMAN	5,208		<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 ?	
<b>Attachment Checklist</b>			
400354106	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"/>
<b>Other Attachments</b>			
400354108	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354109	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354110	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354112	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354114	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354115	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)