

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:

400341987

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 05-075-09409-00

6. County: LOGAN

7. Well Name: ECGS

Well Number: 6-19 WPD003-1

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

Footage at surface: Distance: 653 feet Direction: FSL Distance: 716 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: PEETZ WEST

10. Field Number: 68300

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 10/25/2012 13. Date TD: 10/29/2012 14. Date Casing Set or D&A: 10/30/2012

15. Well Classification:

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

16. Total Depth MD 5285 TVD\*\* 17 Plug Back Total Depth MD 5230 TVD\*\*

18. Elevations GR 4553 KB 4566

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:

CBL  
MUD  
INDUCTION  
CALIPER  
DENSITY  
COMPOSITE

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	1,222	830	0	1,222	CALC
1ST	8+3/4	7+0/0	26	0	5,285	130	3,700	5,229	CBL

### 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	
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 \_\_\_\_\_

Title: Larreau Date: \_\_\_\_\_ Email: tlarreau@mehllc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
-------------	---------------	------------	--

#### Attachment Checklist

400358382	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

400358386	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358387	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358389	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358390	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358392	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358393	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)