

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:
400338451

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 05-075-09411-00
6. County: LOGAN
7. Well Name: ECGS Well Number: 6-13 WPD007-2
8. Location: QtrQtr: LOT 3 Section: 6 Township: 11N Range: 52W Meridian: 6
Footage at surface: Distance: 263 feet Direction: FNL Distance: 2275 feet Direction: FWL
As Drilled Latitude: 40.963000 As Drilled Longitude: -103.220710

GPS Data:
Date of Measurement: 12/17/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Duane Russell

** 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) 10/02/2012 13. Date TD: 10/06/2012 14. Date Casing Set or D&A: 10/07/2012

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 5216 TVD**

18. Elevations GR 4550 KB 4564
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
Composite
Induction
Triple Combo
Caliper
Mud

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	1,232	CALC
1ST	8+3/4	7+0/0	26	0	5,264	130	4,010	5,250	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/07/2012

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 ?	
Attachment Checklist			
400346026	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			
400345988	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400345990	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400346017	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400346018	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400346025	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361455	LAS-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)