

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:

400377669

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) 351-4006
City: LITTLETON State: CO Zip: 80127

5. API Number 05-075-08197-00 6. County: LOGAN
7. Well Name: STATE Well Number: 1-36 L
8. Location: QtrQtr: SENE Section: 36 Township: 12N Range: 53W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.973020 As Drilled Longitude: -103.231330

GPS Data:

Data of Measurement: 12/17/2012 PDOP Reading: 2.6 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: GS-3414

12. Spud Date: (when the 1st bit hit the dirt) 12/29/1969 13. Date TD: 01/05/1970 14. Date Casing Set or D&A: 01/21/1970

15. Well Classification:

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

16. Total Depth MD 5352 TVD** 17 Plug Back Total Depth MD 5330 TVD**

18. Elevations GR 4543 KB 4549 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
East Cheyenne Gas Storage LLC acquired this well in 2010 and no logs were available to us.
All other logs are available from MJ Systems, East Cheyenne Gas Storage LLC is only a licensed user of log data distributed by MJ Systems and can not distribute the log data. COGCC can obtain a copy of the electric logs from MJ Systems. Electric log is only open hole available.

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 | 126 | 125 | 0 | 126 | CALC |
| 1ST | 8+5/8 | 5+1/2 | 15.36 | 0 | 5,330 | 500 | 2,450 | 5,330 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/15/2010

| 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 | |
| D SAND | 5,154 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 5,282 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

CBL run date of 07-21-10 has the wrong TWN - log says 32N - should say 12N - logging co typo

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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400377874 | 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> | | | | | |
| 400377774 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400377883 | LAS-DENSITY/NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)