

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400268478

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: Greg Francis

2. Name of Operator: EAST CHEYENNE GAS STORAGE LLC

Phone: (720) 351-4003

3. Address: 10901 WEST TOLLER DRIVE - SUITE 200

Fax: (720) 351-4200

City: LITTLETON State: CO Zip: 80127

5. API Number 05-075-07169-00

6. County: LOGAN

7. Well Name: Kenneth Gillham

Well Number: 1

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

Footage at surface: Distance: 1648 feet Direction: FNL Distance: 2256 feet Direction: FWL

As Drilled Latitude: 40.959160 As Drilled Longitude: -103.220780

GPS Data:

Data of Measurement: 01/15/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Tim Leibert

** 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) 02/06/1952 13. Date TD: 14. Date Casing Set or D&A: 01/26/2011

15. Well Classification:

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

16. Total Depth MD 5331 TVD** 17 Plug Back Total Depth MD 5276 TVD**

18. Elevations GR 4555 KB 4565

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 Submitted

Electric log run by original operator British-American in 1952. COGCC can request a copy of log from MJ Systems. East Cheyenne Gas Storage LLC, is licenced to only use logs by MJ Systems, not distribute log.

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+5/8	9+5/8	25.4	0	215	160	0	215	CALC
1ST	7+0/0	5+1/2	15.5	0	5,330	135	4,850	5,331	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.3	4,902	765	3,793	4,902
DV TOOL	S.C. 1.2	2,493	530	2,150	2,493
1 INCH	SURF	1,120	190	600	1,120

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	5,143	5,206	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA-JSND	5,273		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well was re-entered to convert to a gas storage well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Greg FrancisTitle: Project Geologist Date: _____ Email: gfrancis@mehllc.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400272312	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400272308	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400268532	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400272305	PDF-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)