

FORM
5

Rev
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:

400276481

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: Greg Francis
Phone: (720) 351-4003
Fax: (720) 351-4200

5. API Number 05-075-07200-00
6. County: LOGAN
7. Well Name: Michaels Well Number: 1
8. Location: QtrQtr: SESW Section: 31 Township: 12N Range: 52W Meridian: 6
Footage at surface: Distance: 1003 feet Direction: FSL Distance: 2260 feet Direction: FWL
As Drilled Latitude: 40.966410 As Drilled Longitude: -103.220930

GPS Data:
Date of Measurement: 12/02/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: Darren Veal

** 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) 01/19/1953 13. Date TD: 14. Date Casing Set or D&A:

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

16. Total Depth MD 5351 TVD** 17 Plug Back Total Depth MD 5335 TVD**

18. Elevations GR 4538 KB 4548
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:
Electric log is available upon request of COGCC from MJ Systems. East Cheyenne Gas Storage is only a licenced user of MJ Systems data and can not distribute log data.

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	14+3/4	10+3/4	25.4	0	250	175	0	250	CALC
1ST	9+1/2	5+1/2	15.5	0	5,350	200	4,864	5,351	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/30/2010

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,820	941	2,600	5,351
SQUEEZE	1ST	5,299	37	5,215	5,383
SQUEEZE	1ST	5,172	37	5,088	5,256
SQUEEZE	1ST	5,136	36	5,032	5,088
SQUEEZE	1ST	3,340	30	3,290	3,390

Details of work:

Squeeze cementing top and bottom interval is a calculated value. No apparent top and bottom could be selected from the CBL log.

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	5,140	5,201	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HUNTSMAN	5,201	5,272	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA-JSND	5,272	5,346	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SKULL CREEK	5,351		<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: Greg Francis

Title: Project Geologist Date: _____ Email: gfrancis@mehllc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400276795	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			
400276747	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276753	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276755	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276757	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276813	WELLBORE DIAGRAM	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)