

**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:

400280512

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 05-075-07158-00

6. County: LOGAN

7. Well Name: D Strange

Well Number: 1

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

Footage at surface: Distance: 984 feet Direction: FSL Distance: 1634 feet Direction: FEL

As Drilled Latitude: 40.951780 As Drilled Longitude: -103.216150

GPS Data:

Data of Measurement: 12/13/2009 PDOP Reading: 2.3 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) 05/26/1952 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 5339 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4551 KB 4563

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 from MJ Systems. East Cheyenne Gas Storage, LLC is a licence user of MJ Systems data and can not distribute the log data. No mud log is available.
Available CBL's have been attached.

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	180	0	215	CALC
1ST	6+3/4	5+1/2	15.5	0	5,358	200	4,420	5,358	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/19/2010

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	1,324	330	512	1,320

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	5,165	5,216	<input type="checkbox"/>	<input type="checkbox"/>	
HUNTSMAN	5,216	5,292	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA-JSND	5,292		<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 ?			
<u>Attachment Checklist</u>					
400281245	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>					
400280780	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400280786	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400281247	WELLBORE DIAGRAM	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)