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Document Number:  
400335648

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) 351-4200  
 City: LITTLETON State: CO Zip: 80127

5. API Number 05-075-09402-00 6. County: LOGAN  
 7. Well Name: ECGS Well Number: 6-16 WPD009-2  
 8. Location: QtrQtr: SENW Section: 6 Township: 11N Range: 52W Meridian: 6  
 Footage at surface: Distance: 1646 feet Direction: FNL Distance: 2199 feet Direction: FWL  
 As Drilled Latitude: 40.959170 As Drilled Longitude: -103.220980

GPS Data:  
 Date of Measurement: 03/28/2012 PDOP Reading: 1.5 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: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 09/17/2012 13. Date TD: 09/23/2012 14. Date Casing Set or D&A: 09/19/2012

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

16. Total Depth MD 5260 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 5230 TVD\*\* \_\_\_\_\_

18. Elevations GR 4555 KB 4567 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:

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	1,226	750	0	1,226	CALC
1ST	8+3/4	7+0/0	26	1226	5,247	50	0	5,230	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	5,162	0	4,000	5,204
PERF & PUMP	1ST	5,178	0	4,000	5,204

Details of work:

perforated at 5162' and 5178'

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 ?	
<b>Attachment Checklist</b>			
400335792	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"/>
<b>Other Attachments</b>			
400335923	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335924	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335926	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335927	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335930	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335933	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335942	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400335943	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)