

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:

400338450

Date Received:

12/26/2012

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 05-075-09406-00

6. County: LOGAN

7. Well Name: ECGS

Well Number: 6-18 WPD011-2

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

Footage at surface: Distance: 2320 feet Direction: FSL Distance: 1566 feet Direction: FEL

As Drilled Latitude: 40.955440 As Drilled Longitude: -103.215950

GPS Data:

Date of Measurement: 12/17/2012 PDOP Reading: 2.5 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: Fee

12. Spud Date: (when the 1st bit hit the dirt) 10/09/2012 13. Date TD: 10/10/2012 14. Date Casing Set or D&A: 10/13/2012

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 5219 TVD\*\*

18. Elevations GR 4550 KB 4564

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  
INDUCTION  
MUD  
CALIPER  
TRIPLE COMBO  
COMPENSATED NEUTRON

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	1,222	780	0	1,222	CALC
1ST	8+3/4	7+0/0	26	0	5,258	130	4,140	5,258	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

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

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	
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: 12/26/2012 Email: tlarreau@mehllc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400344686	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>					
400338450	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400344934	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345068	MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400352003	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400352004	INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400352005	DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400352006	CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400361445	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400361446	MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Per operator changed well type and deleted attached sundry.	1/10/2013 12:26:36 PM

Total: 1 comment(s)