

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



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Document Number:

400341929

Date Received:

12/28/2012

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 05-075-09407-00 6. County: LOGAN
 7. Well Name: ECGS Well Number: 6-20J WPW003
 8. Location: QtrQtr: SESE Section: 6 Township: 11N Range: 52W Meridian: 6
 Footage at surface: Distance: 653 feet Direction: FSL Distance: 731 feet Direction: FEL
 As Drilled Latitude: 40.950740 As Drilled Longitude: -103.213110

GPS Data:

Date of Measurement: 12/17/2012 PDOP Reading: 2.7 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) 10/19/2012 13. Date TD: 10/22/2012 14. Date Casing Set or D&A: 10/24/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5290 TVD** _____ 17 Plug Back Total Depth MD 5218 TVD** _____

18. Elevations GR 4553 KB 4566

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
MUD
INDUCTION
CALIPER
COMPOSITE
DENSITY

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	1,246	830	0	1,246	CALC
1ST	8+3/4	7+0/0	26	0	5,284	130	4,150	5,218	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/20/2012

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

Title: Larreau Date: 12/28/2012 Email: tlarreau@mehllc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400359384	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			
400341929	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358430	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358432	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358434	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358440	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358452	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400358453	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361461	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361463	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Corrected SHL and type of well per operator.	1/10/2013 12:56:51 PM

Total: 1 comment(s)