

FORM
5A
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:

400093884

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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: Daniel Benedict
Phone: (720) 351-4014
Fax: (720) 351-4200

5. API Number 05-075-07181-00
6. County: LOGAN
7. Well Name: Schwake
Well Number: A-2
8. Location: QtrQtr: NWNE Section: 6 Township: 11N Range: 52W Meridian: 6

Completed Interval

FORMATION: D SAND Status: SHUT IN

Treatment Date: 06/23/2010 Date of First Production this formation: _____
Perforations Top: 5150 Bottom: 5154 No. Holes: 12 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Set Retrievable bridge plug @ 5240'. Perforated D sand from 5250-5254' w/ 39 gram charge and 4 spf. Swabbed 75 bbls fluid, recovering all treatment volume and some formation fluid. Pressure bombs run in the D sand for 3 days for well testing. Removed retrievable bridge plug, and tripped in hole with 168 jts of tubing, tubing sub, and packer. Set packer @ 5271', which is below D sand, and resumed J production. The D sand remains shut in pending cement squeeze.

This formation is commingled with another formation: Yes No

Test Information:
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5307 Tbg setting date: 06/28/2010 Packer Depth: 5271

Reason for Non-Production:
The formation was perforated solely to get a pressure data point for the D sand.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
This D perforations in this well are awaiting cement squeeze, at which point the packer will be removed and J production will be restored to former levels.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Daniel Benedict

Title: Engineer

Date: _____

Email: dbenedict@mepco.us.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400093888		Schwake A2 updated.pdf

Total Attach: 1 Files