

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:

400094276

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) 3514200

5. API Number 05-075-07166-00
6. County: LOGAN
7. Well Name: Kenneth Gillham
Well Number: 4
8. Location: QtrQtr: SWNW Section: 6 Township: 11N Range: 52W Meridian: 6

Completed Interval

FORMATION: D SAND Status: SHUT IN

Treatment Date: 07/06/2010 Date of First Production this formation: _____

Perforations Top: 5172 Bottom: 5176 No. Holes: 16 Hole size: _____

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

A retrievable bridge plug was set at 5237'. The well was perforated from 5172-5176'. Tubing and a packer were tripped in the hole and the packer was set at 5122'. 177 bbls of fluid were swabbed from the well over the next two days. Following swabbing, pressure bombs were run in the well to record pressures over the next 72 hours. Pressure bombs were removed, RBP was removed, and the packer was re-set between the D and the J at 5237'.

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: 5150 Tbg setting date: 07/06/2010 Packer Depth: 5237

Reason for Non-Production:

The D sand was perforated in order to obtain additional reservoir information. No production was planned. The well was shut in.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

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
400094385		gillham #4 updated.pdf

Total Attach: 1 Files