

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



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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 4. Contact Name: Daniel Benedict
2. Name of Operator: EAST CHEYENNE GAS STORAGE LLC Phone: (720) 351-4014
3. Address: 10901 WEST TOLLER DRIVE - SUITE 200 Fax: (720) 351-4200
City: LITTLETON State: CO Zip: 80127

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
9. Field Name: PEETZ WEST Field Code: 68300

Completed Interval

FORMATION: <u>D SAND</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>06/23/2010</u> Date of First Production this formation: _____	
Perforations Top: <u>5150</u> Bottom: <u>5154</u> No. Holes: <u>12</u> Hole size: _____	
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<div>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.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>2 + 3/8</u> Tubing Setting Depth: <u>5307</u> Tbg setting date: <u>06/28/2010</u> Packer Depth: <u>5271</u>	
Reason for Non-Production:	
<div>The formation was perforated solely to get a pressure data point for the D sand.</div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 9/20/2010

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: *David S. Neslin*

Director of COGCC

Date: 12/23/2010

Attachment Check List

Att Doc Num	Name
400093884	FORM 5A SUBMITTED
400093888	

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)