

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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COMPLETED INTERVAL REPORT

Document Number:

400093884

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: 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: 9/20/2010 Email: dbenedict@mepco.us.com  
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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)