

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:

2287102

Date Received:

02/27/2012

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: ANNA HOBBS
Phone: (720) 351-4010
Fax: (720) 351-4200

5. API Number 05-075-07127-00
6. County: LOGAN
7. Well Name: Narjes
Well Number: 3
8. Location: QtrQtr: SWNE Section: 7 Township: 11N Range: 52W Meridian: 6
9. Field Name: LEWIS CREEK Field Code: 49200

Completed Interval

FORMATION: D SAND Status: SHUT IN

Treatment Date: Date of First Production this formation:
Perforations Top: 5206 Bottom: 5216 No. Holes: 40 Hole size: 40/100

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

GAS STORAGE WELL COMPLETION DATE: 10/05/2011. NO TREATMENT. NO. OF HOLES IS 4SPF

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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

GAS STORAGE

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

Bridge Plug Depth: 5550 Sacks cement on top: 2

Comment:

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

Signed: Print Name: ANNA HOBBS

Title: PERMITTING AGENT Date: 1/25/2012 Email: ahobbs@mehllc.com

Attachment Check List

Att Doc Num	Name
2287102	FORM 5A SUBMITTED
2531832	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)