

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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) 351-4019
Fax: (720) 351-4200

5. API Number 05-075-07140-00
6. County: LOGAN
7. Well Name: BOYLE
Well Number: 2
8. Location: QtrQtr: SESE Section: 1 Township: 11N Range: 53W Meridian: 6
9. Field Name: PEETZ WEST Field Code: 68300

Completed Interval

FORMATION: D SAND Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5244 Bottom: 5254 No. Holes: 4 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole: [ ]

OBSERVATION GAS STORAGE COMPLETION: 11/02/2011

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [ ]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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:

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

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

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: 3/13/2012 Email ahobbs@mehllc.com  
:

### **Attachment Check List**

Att Doc Num	Name
2287907	FORM 5A SUBMITTED
2287908	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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Total: 0 comment(s)