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State of Colorado



Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b).

RECEIVED

103 01 2012

COGCC

1. OGCC Operator Number: 10322	4. Contact Name: Ron Richards	Complete the Attachment Checklist OP OGCC
2. Name of Operator: East Cheyenne Gas Storage LLC	Phone: 713-403-6479	
3. Address: 10901 West Toller Drive, Suite 200	Fax: 713-800-7004	
City: Littleton State: CO Zip: 80127		
5. API Number 05-075-07181	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Schwake A-2	7. Well/Facility Number	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): NWNE Sec 6 T11N R52W		Surface Eqmnt Diagram
9. County: Logan (075)	10. Field Name: Peetz West	Technical Info Page
11. Federal, Indian or State Lease Number: N/A		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)											
Change of Surface Footage from Exterior Section Lines:	<table border="1"><tr><td>FNL/FSL</td><td>FEL/FWL</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	FNL/FSL	FEL/FWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNL/FSL	FEL/FWL										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>										
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>										
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> attach directional survey										
Bottomhole location Qtr/Sec, Twp, Rng, Mer											
Latitude	Distance to nearest property line										
Longitude	Distance to nearest bldg, public rd, utility or RR										
Ground Elevation	Distance to nearest lease line										
	Is location in a High Density Area (rule 603b)? Yes/No										
	Distance to nearest well same formation										
	Surface owner consultation date:										
GPS DATA:											
Date of Measurement	PDOP Reading										
Instrument Operator's Name											
<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond										
Formation	Signed surface use agreement attached										
Formation Code											
Spacing order number											
Unit Acreage											
Unit configuration											
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME										
Effective Date:	From:										
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:										
	Effective Date:										
<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS										
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:										
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Date Ready for Inspection:	MIT required if shut in longer than two years. Date of last MIT										
<input type="checkbox"/> SPUD DATE:	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)										
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries										
Method used	Cementing tool setting/perf depth										
Cement volume	Cement top										
Cement bottom	Date										
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.											
Final reclamation will commence on approximately	<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.										

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date:	Date Work Completed:
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input checked="" type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases
	<input type="checkbox"/> Other:

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

Signed: Ron Richards Date: 7/31/12 Email: rrichards@mehllc.com

Print Name: Ron Richards Title: Senior Vice President, Engineering and Operations

COGCC Approved: [Signature] Title: EPS Date: 8/14/12

CONDITIONS OF APPROVAL, IF ANY:

Reference Remediation Project #4886 (Doc #1632348)



Page 2

## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10322 API Number: 05-075-07181
2. Name of Operator: East Cheyenne Gas Storage, LLC OGCC Facility ID # \_\_\_\_\_
3. Well/Facility Name: Schwake A-2 Well/Facility Number: \_\_\_\_\_
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE Sec6 T11N R52W

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

See Attachment 1 for Revised Remediation Work Plan