

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

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



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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: Tina Larreau  
Phone: (720) 351-4006  
Fax: (720) 351-4200

5. API Number 05-075-09401-00  
6. County: LOGAN  
7. Well Name: ECGS  
Well Number: 6-15 WPD002-1  
8. Location: QtrQtr: SWNW 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 Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: Bottom: No. Holes: 132 Hole size: 42/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): 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: 4 + 1/2 Tubing Setting Depth: Tbg setting date: 12/06/2012 Packer Depth: 5024  
Reason for Non-Production: Gas Storage Well  
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:

Gas Storage well

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

Signed: \_\_\_\_\_ Print Name: Tina Larreau

Title: Permitting Agent Date: \_\_\_\_\_ Email tlarreau@mehllc.com  
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### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)