

FORM
5ARev
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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Document Number:

400661940

Date Received:

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 4. Contact Name: Greg Francis
 2. Name of Operator: EAST CHEYENNE GAS STORAGE LLC Phone: (720) 351-4003
 3. Address: 999 18TH STREET #925 NORTH Fax: (720) 351-4206
 City: DENVER State: CO Zip: 80202 Email: gfrancis@mehll.com

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: 5170 Bottom: 5195 No. Holes: 132 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Well had two sets of perforations with a CIBP set between the two sets of perforations to seal off the lower perforated interval. Well was reworked to drill out the CIBP to merge both sets of perforations for gas storage operations. The upper set of perforations are at (5170-5184 ft) & the lower perforations are at (5187-5195 ft). Well was not treated or fracture stimulated during this workover operation.

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: 5024 Tbg setting date: 05/29/2014 Packer Depth: 5024Reason for Non-Production: Gas storage wellDate 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:

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

Signed: _____ Print Name: Greg Francis

Title: Project Geologist Date: _____ Email gfrancis@mehllc.com
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Attachment Check List

Att Doc Num **Name**

400662038	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)