

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



DE	ET	OE	ES
----	----	----	----

Document Number:

401031553

Date Received:

04/18/2016

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: 10370 RICHMOND AVE SUITE 510
City: HOUSTON State: TX Zip: 77042
4. Contact Name: Greg Francis
Phone: (303) 931-3435
Fax:
Email: gfrancis@mehllc.com

5. API Number 05-075-09411-00
6. County: LOGAN
7. Well Name: ECGS
Well Number: 6-13 WPD007-2
8. Location: QtrQtr: Lot 3 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: 5177 Bottom: 5200 No. Holes: 4 Hole size: 42

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

None

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: 5043 Tbg setting date: 10/12/2012 Packer Depth: 5043

Reason for Non-Production: Gas Storage Well - Active Injection-Withdrawal 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:

This well is an active injection-withdrawal gas storage well in the Peetz West Field of Logan County, Colorado

This Form 5A is being submitted to correct the perforated interval from 5177-5190 to 5177-5200 feet. Additionally, a corrected well bore diagram is being submitted to replace and correctly reflect the current well bore configuration.

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: 4/18/2016

Email gfrancis@mehllc.com

:

Attachment Check List

Att Doc Num

Name

401031553

FORM 5A SUBMITTED

401031586

WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)