

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: 98220
2. Name of Operator: YOUNG GAS STORAGE COMPANY LTD
3. Address: P O BOX 1087 City: COLORADO SPGS State: CO Zip: 80944
4. Contact Name: Anthony Trinko Phone: (719) 520-4557 Fax: Email: anthony_trinko@kindermorgan.com

5. API Number 05-087-06223-00
6. County: MORGAN
7. Well Name: SCHOCKE Well Number: 1
8. Location: QtrQtr: SWNE Section: 11 Township: 4N Range: 58W Meridian: 6
9. Field Name: YOUNG Field Code: 98650

Completed Interval

FORMATION: D SAND Status: ACTIVE Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5833 Bottom: 5851 No. Holes: 100 Hole size:
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: 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:

The purpose of this form is to correct the subject well's well status in the COGIS system.
The well status should be changed from "PA" to "AC" as this is an active Gas Storage Well.
The well was re-entered and recompleted as an active Gas Storage Well on 06/05/93 as reported on COGCC Form 5 [COGIS Document Number: 08706223 / Document Number: 143073].

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

Signed: _____ Print Name: Anthony Trinko

Title: Sr. Reservoir Engineer Date: 12/11/2018 Email: anthony_trinko@kindermorgan.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401870089	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)