

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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: 10322 4. Contact Name: Daniel Benedict
2. Name of Operator: EAST CHEYENNE GAS STORAGE LLC Phone: (720) 351-4014
3. Address: 10901 WEST TOLLER DRIVE - SUITE 200 Fax: (720) 351-4200
City: LITTLETON State: CO Zip: 80127

5. API Number 05-075-07156-00 6. County: LOGAN
7. Well Name: Kenneth Gillham Well Number: 3
8. Location: QtrQtr: NESW Section: 6 Township: 11N Range: 52W Meridian: 6

Completed Interval

FORMATION: D SAND Status: SHUT IN

Treatment Date: 06/07/2010 Date of First Production this formation: 06/08/2010
Perforations Top: 5176 Bottom: 5180 No. Holes: 16 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Set Retrievable bridge plug @ 5250'. Tubing and packer were tripped in the hole, and the packer was set @ 5118'. Perforated D sand from 5176-5180' w/ 39 gram charge and 4 spf. Swabbed 24 bbls fluid, leaving 16 bbls H2O in the well when the well began to flow gas. Well flowed for 48 hours, bringing the rest of the treatment volume and additional formation water to surface along with the gas. After 48 hours, pressure bombs run in the D sand for 3 days for well testing. Pressure bombs were then removed and the D sand remains shut in pending cement squeeze.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1075 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5150 Tbg setting date: 06/07/2010 Packer Depth: 5118

Reason for Non-Production:

The zone was perforated in order to obtain additional reservoir information. No production was planned. The well is shut in.

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: 5250 Sacks cement on top:

Comment:

[]

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

Signed: _____

Print Name: Daniel Benedict

Title: Engineer

Date: _____

Email: dbenedict@mepco.us.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400093964		Gillham #3 updated.pdf

Total Attach: 1 Files