

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 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.

Document Number:

400093892

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
9. Field Name: PEETZ WEST Field Code: 68300

Completed Interval

FORMATION: <u>D SAND</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>06/07/2010</u>	Date of First Production this formation: <u>06/08/2010</u>
Perforations Top: <u>5176</u> Bottom: <u>5180</u>	No. Holes: <u>16</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<p>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.</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u></u> Hours: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>	
Calculated 24 hour rate: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>	
Test Method: <u></u> Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1075</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5150</u> Tbg setting date: <u>06/07/2010</u> Packer Depth: <u>5118</u>	
Reason for Non-Production:	
<p>The zone was perforated in order to obtain additional reservoir information. No production was planned. The well is shut in.</p>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u>5250</u> Sacks cement on top: <u></u>	

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: 9/21/2010

Email dbenedict@mepco.us.com

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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: *David S. Neslin*

Director of COGCC

Date: 1/25/2011

Attachment Check List

Att Doc Num	Name
400093892	FORM 5A SUBMITTED
400093964	

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)