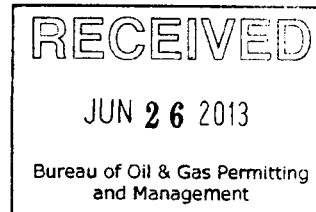


KEVIN M. BERNSTEIN, ESQ.  
kbernstein@bsk.com  
P: 315.218.8329  
F: 315.218.8429

June 25, 2013

**VIA FEDERAL EXPRESS**

Peter Briggs, Director  
New York State Department of  
Environmental Conservation  
Division of Mineral Resources  
Bureau of Oil & Gas Permitting and Management  
625 Broadway, 3rd Floor  
Albany, NY 12233-6500



Re: *Well Drilling and Completion Reports*

Dear Peter:

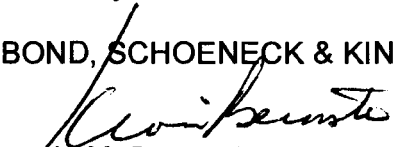
Enclosed are Well Drilling and Completion Reports for Well No. 33 (owned by Finger Lakes LPG Storage, LLC); Well No. 45 (owned by Arlington Storage Co., LLC); and Well Nos. 35, 36, 37, and 58 (owned by Inergy Midstream, LLC). These reports have recently been revised.

***Please note that the information contained in the attachments to this transmittal contain confidential information or confidential and/or proprietary, trade secret or business information and should be treated as privileged and confidential and should not be released pursuant to the provisions of 6 NYCRR § 616.7.***

Thank you.

Sincerely,

BOND, SCHOENECK & KING, PLLC

  
Kevin M. Bernstein

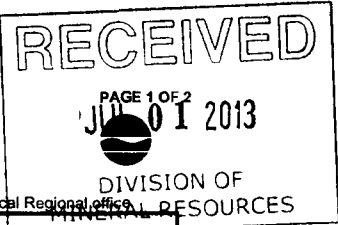
Enclosures

cc: Linda Collart, NYSDEC (w/enclosures)  
Barry Moon (w/o enclosures)

PRINT OR TYPE IN BLACK INK

**WELL DRILLING AND COMPLETION REPORT**

For instructions on completing this form, visit the Division's website at [www.dec.ny.gov/energy/205.html](http://www.dec.ny.gov/energy/205.html) or contact your local Regional Office.



FOR DEPARTMENT USE ONLY							
Reviewed by <u>DBR</u>		Date <u>7/1/13</u>		Well Type <u>SG</u>			
WELL NAME AND NUMBER <b>WELL 33</b>				API WELL IDENTIFICATION NUMBER <b>31-0 9 7 5 2 9 3 2 0 0 0 1</b>			
WELL OWNER (Full Name of Organization or Individual as registered with the Division) <b>FINGER LAKES LPG STORAGE LLC</b>							
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final		TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal			
If the well is a directional or sidetrack, also submit a complete directional survey							
TYPE OF OPERATION <input type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert		WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____					
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____				TYPE OF COMPLETION <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> Other (Specify) <u>gallery connected to well 34.43.44</u>			
7 1/2 MINUTE QUAD NAME				QUAD SECTION			
READING CENTER				F			
LOCATION DESCRIPTION		Decimal Latitude (NAD83)		Decimal Longitude (NAD83)			
Surface <u>0'</u> <u>0'</u>		<u>4 2 . 4 1 7 7 3 0</u>		<u>7 6 . 8 9 4 8 9 0</u>			
Top of Target Interval _____		_____		_____			
Bottom of Target Interval _____		_____		_____			
Bottom Hole <u>2,257</u> <u>2,257</u>		_____		_____			
TVD TMD		_____		_____			
PRODUCING FORMATION(S) <b>SYRACUSE SALT</b>		DEEPEST FORMATION PENETRATED <b>SYRACUSE SALT</b>		DRILLING CONTRACTOR(S) <b>DALLAS MORRIS</b>			
For vertical wells, use TMD to record depths							
COUNTY <b>SCHUYLER</b>		DATE DRILLING COMMENCED Month <u>10</u> Day <u>29</u> Year <u>2008</u>		DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.			
TOWN <b>READING</b>		DATE DRILLING COMPLETED Month <u>3</u> Day <u>20</u> Year <u>2009</u>		DRILLED WITH ROTARY TOOLS (TMD) From <u>0</u> ft. to <u>2,257</u> ft.			
FIELD/POOL NAME <b>US SALT</b>		DATE FINAL COMPLETION/RECOMPLETION Month <u>6</u> Day <u>17</u> Year <u>2013</u>		ROTARY DRILLING FLUID <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud			
DRILLER'S TD (ft.) <u>2,257</u> TVD <u>2,257</u> TMD	LOGGER'S TD (ft.) _____ TVD _____ TMD	PLUG BACK TO (ft.) _____ TVD _____ TMD	KICKOFF DEPTH (ft.) _____ TMD	ELEV. (ft.) <u>681</u> <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey DATUM (ft.) <u>681</u> <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL			
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back							
LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input type="checkbox"/> Sonic <input type="checkbox"/> Others (Specify) <u>SONAR, CEMENT BOND</u>				WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
CASING STRINGS		HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)	
Drive Pipe or Conductor			16"	J55/65#	EXISTING	CASING 70'	CENTRALIZERS BASKETS
Surface or Water							
Intermediate			10 3/4"	J55/40.5#	EXISTING	2000'	
Production			8 5/8"	K55/32#	NEW LINER	1975'	1ST, 8TH, EVERY 3RD JOINT
Liners		TUBING	4 1/2"	J55/13.5#	NEW	2220'	HANGING STRING
CEMENT DATA		CLASS/TYPE OF CEMENT		NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. <sup>3</sup> /sx)	VOLUME (ft. <sup>3</sup> ) CEMENT TOP (TMD) W.O.C. (hrs.)
Drive Pipe or Conductor							
Surface or Water							
Intermediate							
Production		CLASS A 2% CACL		256	15.6	1.18	0 24 HRS
Liners							
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.							
Printed or Typed Name of Authorized Representative <b>BARRY L MOON</b>					Signature <u>Barry L Moon</u>		
Title <b>MANAGER</b>					Date <b>June 17, 2013</b>		



PRINT OR TYPE IN BLACK INK

# WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at [www.dec.ny.gov/energy/205.html](http://www.dec.ny.gov/energy/205.html) or contact your local Regional Office.

Reviewed by <u>DAR</u>		Date <u>7/1/13</u>		Well Type <u>BR</u>					
WELL NAME AND NUMBER Well 58			API WELL IDENTIFICATION NUMBER 31-097-21467-00-01						
WELL OWNER (Full Name of Organization or Individual as registered with the Division) Inergy Midstream LLC.									
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final		TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal					
If the well is a directional or sidetrack, also submit a complete directional survey									
TYPE OF OPERATION <input type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert		WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify)							
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify)			TYPE OF COMPLETION <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Other (Specify)						
7 1/2 MINUTE QUAD NAME Reading Center			QUAD SECTION F						
LOCATION DESCRIPTION									
Surface		Decimal Latitude (NAD83)		Decimal Longitude (NAD83)					
Top of Target Interval		4 2 . 4 1 6 0 5 4		7 6 . 8 9 9 5 1 9					
Bottom of Target Interval									
Bottom Hole		4 2 . 4 1 6 0 5 4		7 6 . 8 9 9 5 1 9					
TVD		TMD							
PRODUCING FORMATION(S) Syracuse Salt		DEEPEST FORMATION PENETRATED Syracuse Salt		DRILLING CONTRACTOR(S) Drillers LLC.					
For vertical wells, use TMD to record depths									
COUNTY Reading		DATE DRILLING COMMENCED Month 10 Day 7 Year 1992		DRILLED WITH CABLE TOOLS (TMD) From ft to ft					
TOWN Reading		DATE DRILLING COMPLETED Month 11 Day 27 Year 1992		DRILLED WITH ROTARY TOOLS (TMD) From 0 ft to 2,642 ft					
FIELD/POOL NAME US Salt		DATE FINAL COMPLETION/RECOMPLETION Month 3 Day 29 Year 2013		ROTARY DRILLING FLUID <input checked="" type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Mud					
DRILLER'S TD (ft)	LOGGER'S TD (ft)	PLUG BACK TO (ft)	KICKOFF DEPTH (ft)	ELEV. (ft)					
2,425 TVD	2,183 TVD			814	<input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey				
2,425 TMD	2,183 TMD			DATUM (ft) 814	<input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL				
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back.									
LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH <input checked="" type="checkbox"/> Gamma Ray <input checked="" type="checkbox"/> Resistivity <input checked="" type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input checked="" type="checkbox"/> Sonic <input type="checkbox"/> Others (Specify)				WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional					
				CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
CASING STRINGS		HOLE SIZE	PIPE SIZE	GRADE/WT	NEW OR USED	DEPTHS SET (TMD)			
Drive Pipe or Conductor			13 3/8	H40/61#	existing	CASING	CENTRALIZERS	BASKETS	
Surface or Water									
Intermediate									
Production			9 5/8	J55/36#	Existing	2162'			
Liners			5 1/2	J55/15.5#	new	2400'	Hanging		
CEMENT DATA		CLASS/TYP OF CEMENT		NUMBER OF SACKS	SLURRY WT (ppg)	YIELD (ft <sup>3</sup> /sack)	VOLUME (ft <sup>3</sup> )	CEMENT TOP (TMD)	W O C (hrs)
Drive Pipe or Conductor		Class A 3% Cacl		150				surface	
Surface or Water									
Intermediate									
Production		50/50 poz w/3%gel/salt sat cacl ClassA 3%		575/200				surface	
Liners		hanging in wellhead							
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.									
Printed or Typed Name of Authorized Representative: Barry L. Moon									
Signature: <u>Barry L. Moon</u>		Title: <u>Manager</u>		Date: <u>6-17-13</u>					

**WELL DRILLING AND COMPLETION REPORT**

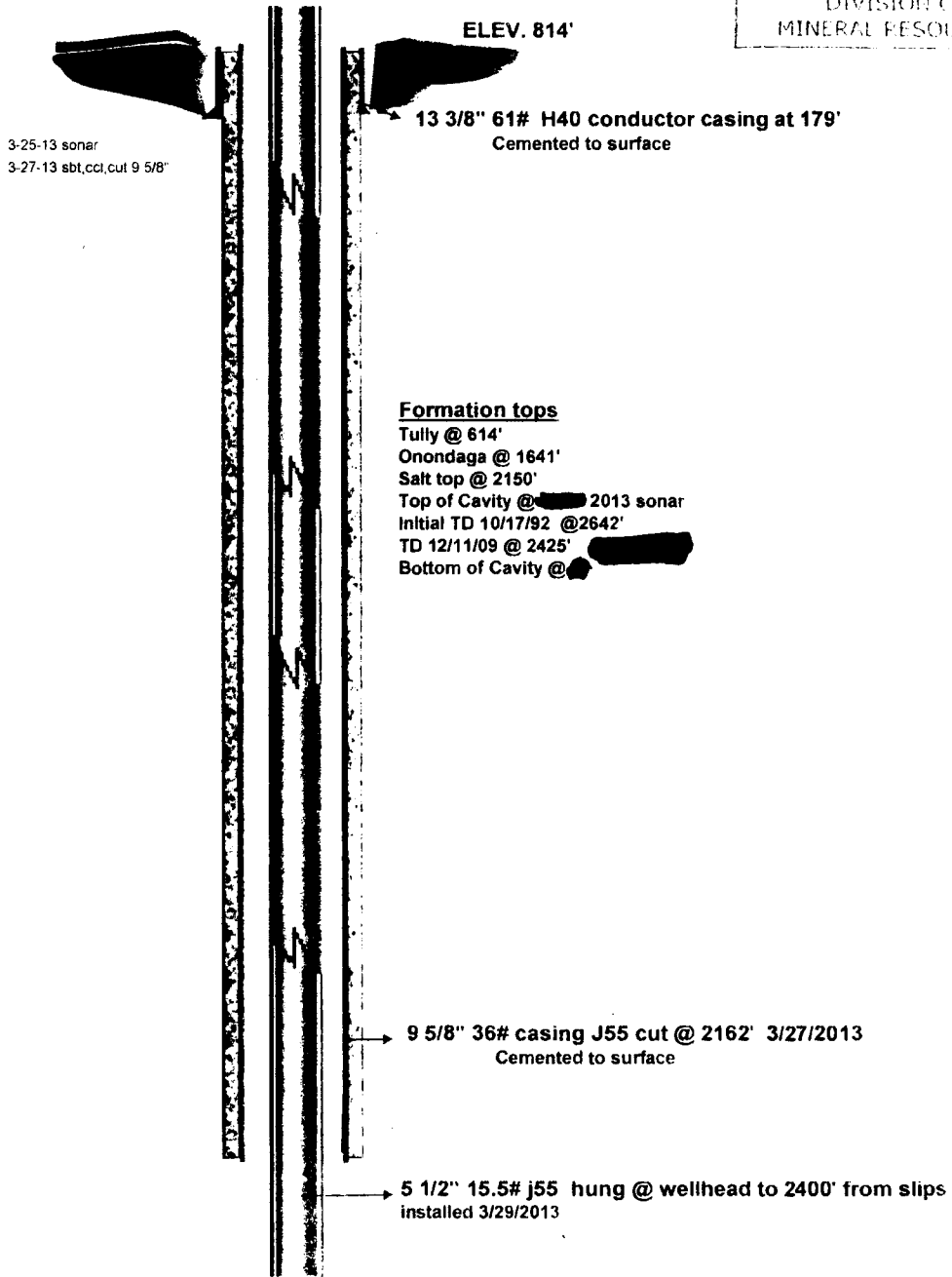
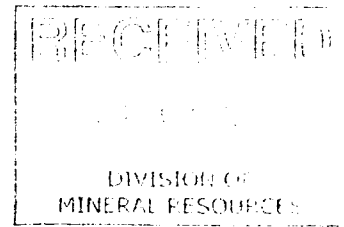
ATTACH ADDITIONAL INFORMATION AS NECESSARY

WELL NAME AND NUMBER Well 58		API WELL IDENTIFICATION NUMBER 31   0   9   7   2   1   4   6   7   0   0   0   1					
P R E C O M P L E T I O N	TYPE OF TEST (dst, bail, etc.)	ZONES TESTED (TMD)		DURATION OF TEST (hrs)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA		
		ft to	ft		REF-COMPLETED		
		ft to	ft		DIVISION OF RESOURCES		
C O M P L E T I O N	COMPLETION EQUIPMENT List tubing, packer, rods, pump, bridges, etc. note sizes and depths				WELL COMPLETED OPEN HOLE (TMD) AT 2,150 ft to 2,425 ft		
	Dilled 10/7/1992 Plugged 10/14/2003 Dilled out 10/6/2009 permit issued 10/6/2009 3/27/2013 ran sbl on 8 5/8" and sonar on cavity, cut 9 5/8" @ 2162' 3/27/13, installed new string 5 1/2" to 2400' 3/29/13						
P E R F O R A T E D I N T E R V A L S	PERFORATED INTERVALS (TMD)		NO OF SHOTS	PERFORATED INTERVALS (TMD) Continued		NO OF SHOTS	
	ft to	ft		ft to	ft		
	ft to	ft		ft to	ft		
S T I M U L A T I O N	ZONES TREATED (TMD)		DETAILS type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc				
	ft to	ft					
	ft to	ft					
	ft to	ft					
	ft to	ft					
P R O D U C T I O N	FORMATION TESTED		GAS TEST <input type="checkbox"/> Open Flow <input type="checkbox"/> Build Up <input type="checkbox"/> Drawdown		OIL TEST <input type="checkbox"/> Pump <input type="checkbox"/> Flow		INITIAL SHUT-IN PRESSURE Surface _____ psi Bottom Hole _____ psi
	DURATION OF TEST hrs	FLOWING TEST DATA Choke in		Tubing psi	Casing psi	S I Tubing psi	S I Casing psi
U N C O N S O L I D R O C K F O R M A T I O N S O C K P E N E T R A T E D	PRODUCTION Oil bpd	Water bpd	Gas mcfpd	GAS MEASURED BY <input type="checkbox"/> Orifice <input type="checkbox"/> Pitot <input type="checkbox"/> Estimated		TEST STARTING DATE	
	DEPTH IN FEET (TVD)	DEPTH IN FEET (TMD)	FORMATION NAME		DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER, BRINE, OIL AND GAS		
0	0	-----		<b>Ground Surface (Elevation)</b>			
614	614	Tully		Limestone			
1,641	1,641	Onondaga		Limestone			
2,150	2,150	Top of Salt		Syracuse Salt			
		Top of Cavity		From 3/25/2013 Sonar			
		Bottom of Cavity		From 3/25/2013 Sonar			

# ENERGY MIDSTREAM

## Well-# 58

Watkins Glen ; Schuyler County NY



date drilled		10/17/1992	date plugged		10/14/2003	date redrilled		10/6/09
Well Name & Number	#58 API# 31-097-21467-00-01	Lease	US SALT					
County or Parish	Schuyler	State/Prov	NY	Country:	US			
Perforations. (MD)	(TVD)							
Angle/Perfs	Angle @KOP and Depth			KOP TVD	0			
BHP	0 BHT	0	Completion Fluid		Brine			
FWHP	FBHP	FWHT	FBHT	Other				
Date Completed	03/29/13			RKB				
Prepared By.	Tom Cole	Last Revision Date		04/02/13	Tom Cole			

Withheld / CCI