

**FORM
5**Rev
09/14**State of Colorado
Oil and Gas Conservation Commission**

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Document Number:

2362772

Date Received:

06/17/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number:	18600	Contact Name:	ANTHONY TRINKO
Name of Operator:	COLORADO INTERSTATE GAS COMPANY LLC	Phone:	(719) 5204557
Address:	P O BOX 1087	Fax:	
City:	COLORADO	State:	CO
Zip:	80944		

API Number	05-009-05050-00	County:	BACA
Well Name:	Flank	Well Number:	16
Location:	QtrQtr: NWNW	Section: 17	Township: 34S
		Range: 42W	Meridian: 6
Footage at surface:	Distance: 330 feet	Direction: FNL	Distance: 990 feet
		Direction: FWL	
As Drilled Latitude:	37.089620	As Drilled Longitude:	-102.195780

GPS Data:

Date of Measurement: 09/22/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: G H JARRELL

** If directional footage at Top of Prod. Zone Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: FLANK Field Number: 24051

Federal, Indian or State Lease Number: 8265

Spud Date: (when the 1st bit hit the dirt) 06/27/1963 Date TD: 07/07/1963 Date Casing Set or D&A: 07/04/1963

Rig Release Date: Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 4700 TVD** Plug Back Total Depth MD 4623 TVD**

Elevations GR 3735 KB 3746 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	0	0	409	270	0	409	
1ST	7+7/8	4+1/2	0	0	4,682	220	3,688	4,682	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1	4,621	250	0	4,621

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments

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

Signed: _____

Print Name: ANTHONY P. TRINKO

Title: SR. RESERVIOR ENGINEER

Date: 6/13/2014

Email: ANTHONY_TRINKO@KINDERMORGAN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

2362771	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Other Attachments

2362772	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2519171	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Attached wellbore diagram. Requested a new form 5A.	6/20/2014 9:08:48 AM
Permit	Cement Job summary corrupted.	6/20/2014 9:08:24 AM

Total: 2 comment(s)