

FORM
5

Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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 ?	
<u>Attachment Checklist</u>			
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"/>
<u>Other Attachments</u>			
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 dagram. 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)