

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



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Date Received:

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: 18600
2. Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC
3. Address: P O BOX 1087
City: COLORADO State: CO Zip: 80944
4. Contact Name: Anthony Trinko
Phone: (719) 520-4557
Fax:
Email: anthony_trinko@kindermorgan.com

5. API Number 05-009-06361-00
6. County: BACA
7. Well Name: FLANK
Well Number: 62
8. Location: QtrQtr: SENE Section: 7 Township: 34S Range: 42W Meridian: 6
9. Field Name: FLANK Field Code: 24051

Completed Interval

FORMATION: MORROW Status: ACTIVE Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 4623 Bottom: 4637 No. Holes: 32 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

The purpose of this form is to correct the subject wells well status in the COGIS system.
The well status should be changed from "SI" to "AC" as this is an active Gas Storage Well.
CIG originally submitted a Form 4 to report the status of the well on March 13, 2008.
The status update was approved by David Neslin on March 18, 2008 [Document Identifier: 00906361 / Document Number: 1618274].

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. Reservoir Engineer

Date: _____

Email : anthony_trinko@kindermorgan.com

Attachment Check List

Att Doc Num Name

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Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)