

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Document Number:
402026579

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 18600 Contact Name: Anthony Trinko

Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC Phone: (719) 520-4557

Address: P O BOX 1087 Fax: _____

City: COLORADO State: CO Zip: 80944

API Number 05-009-06114-00 County: BACA

Well Name: FLANK Well Number: 1

Location: QtrQtr: NESW Section: 4 Township: 34S Range: 42W Meridian: 6

Footage at surface: Distance: 2310 feet Direction: FSL Distance: 2310 feet Direction: FWL

As Drilled Latitude: 37.111746 As Drilled Longitude: -102.173615

GPS Data:
Date of Measurement: 09/23/2009 PDOP Reading: 3.4 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: _____

Spud Date: (when the 1st bit hit the dirt) 06/07/1975 Date TD: 06/27/1975 Date Casing Set or D&A: 06/28/1975

Rig Release Date: 06/28/1975 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 5325 TVD** _____ Plug Back Total Depth MD 4870 TVD** _____

Elevations GR 3807 KB 3817 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
DIL, CNL-FDC

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	28	0	357	325	0	357	VISU
1ST	7+7/8	4+1/2	10.5	0	5,292	300	4,250	5,292	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
TOPEKA	2,977				
LANSING	3,549				
CHEROKEE	4,078				
ATOKA	4,304				
MORROW	4,463				
MORROW B	4,560				
KEYES	4,875				

Comment:

This form is being submitted in response to a July 26, 2018 data request.
Original Operator: Texas Oil and Gas Corporation; no cementing tickets available.

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	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
402026662	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402026750	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

