

FORM
5Rev
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



DE ET OE ES

Document Number:

402036447

Date Received:

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.

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 05-009-06385-00

County: BACA

Well Name: FLANK

Well Number: 63

Location: QtrQtr: SWNE Section: 7 Township: 34S Range: 42W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 37.099872 As Drilled Longitude: -102.205993

GPS Data:

Date of Measurement: 09/22/2009 PDOP Reading: 3.1 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) 06/09/1983 Date TD: 06/17/1983 Date Casing Set or D&A: 06/18/1983

Rig Release Date: 06/18/1983 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4794 TVD** Plug Back Total Depth MD 4747 TVD**

Elevations GR 3841 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

DIL, CNL-FDC, Cyberlook

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	17+1/2	13+3/8	54.5	0	123				
1ST	12+1/4	8+5/8	24	123	1,493	900	0	1,493	VISU
2ND		9+5/8	36	0	91				
3RD	7+7/8	5+1/2	15.5	91	4,785	1,025	558	4,785	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	
NEVA	2,668				
TOPEKA	2,986				
MARMATON	3,921				
CHEROKEE	4,143				
MORROW	4,578				

Comment:

This Form 5 is being submitted in response to a July 26, 2018 data request for a new Drilling Completion Report for wells that have not had one filed since 1999.

There are no cementing tickets available for this well.

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 ?
<u>Attachment Checklist</u>		
	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"/>
<u>Other Attachments</u>		
402036459	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402036620	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)

