

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



Document Number:

402045411

Date Received:

05/30/2019

## 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) 520-4557

Address: P O BOX 1087

Fax:

City: COLORADO State: CO Zip: 80944

API Number 05-009-05073-00

County: BACA

Well Name: FLANK

Well Number: 37

Location: QtrQtr: NWNE Section: 1 Township: 34S Range: 43W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 37.118472 As Drilled Longitude: -102.223937

## GPS Data:

Date of Measurement: 09/24/2009 PDOP Reading: 3.8 GPS Instrument Operator's Name: G.H. Jarell

\*\* 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) 06/05/1983 Date TD: 06/08/1983 Date Casing Set or D&amp;A: 06/08/1983

Rig Release Date: 06/08/1983 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 5260 TVD\*\* Plug Back Total Depth MD 5214 TVD\*\*

Elevations GR 3874 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

IES, Sonic, MicroLog - Provided by Original Operator.

## 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	24	0	1,488	600		1,488	
1ST	7+7/8	5+1/2	15.5	0	5,252	1,125	0	5,252	VISU

## 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	2,724				
TOPEKA	3,056				
MARMATON	4,029				
CHEROKEE	4,260				
ATOKA	4,550				
MORROW	4,740				

#### Operator Comments

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.

This well is a re-entry of the Horizon Oil and Gas Company Beightol #1-1 well which was completed as a Dry Hole on April 7, 1962. TOC (Surface Casing) was not provided by original operator.

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: 5/30/2019 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
402045640	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

