

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:

402111960

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: 98220

Contact Name: Anthony Trinko

Name of Operator: YOUNG GAS STORAGE COMPANY LTD

Phone: (719) 520-4557

Address: P O BOX 1087

Fax:

City: COLORADO SPGS State: CO Zip: 80944

API Number 05-087-08055-00

County: MORGAN

Well Name: YOUNG

Well Number: 24

Location: QtrQtr: NESE Section: 11 Township: 4N Range: 58W Meridian: 6

Footage at surface: Distance: 1025 feet Direction: FSL Distance: 680 feet Direction: FEL

As Drilled Latitude: 40.322330 As Drilled Longitude: -103.831740

GPS Data:

Date of Measurement: 04/28/2010 PDOP Reading: 2.0 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: YOUNG

Field Number: 98650

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/14/1994 Date TD: 11/18/1994 Date Casing Set or D&A: 11/20/1994

Rig Release Date: 11/20/1994 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6015 TVD** Plug Back Total Depth MD 5957 TVD**

Elevations GR 4479 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

DIL, CNL-LDT, SBT

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	284	250	0	284	VISU
1ST		9+5/8	36	0	84				
2ND	7+7/8	5+1/2	15.5	84	6,005	1,100	0	6,005	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/16/1994

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

Details of work:

11/16/94: Did not have good cement around surface casing. Spotted 2-1/2 yards of cement from top of surface casing.

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	
CODELL	5,358				
X BENTONITE	5,675				
D SAND	5,775				
J SAND	5,852				

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.

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>					
402111961	TIF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402112007	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)

