

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:

402150348

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 05-005-06215-00

County: ARAPAHOE

Well Name: LATIGO

Well Number: 39

Location: QtrQtr: SESW Section: 24 Township: 5S Range: 61W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 2055 feet Direction: FWL

As Drilled Latitude: 39.596200 As Drilled Longitude: -104.166920

## GPS Data:

Date of Measurement: 09/29/2010 PDOP Reading: 3.5 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: LATIGO

Field Number: 48500

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/12/1979 Date TD: 03/19/1979 Date Casing Set or D&amp;A: 03/21/1979

Rig Release Date: 03/21/1979 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 6855 TVD\*\* Plug Back Total Depth MD 6830 TVD\*\*

Elevations GR 5495 KB 0 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	17+1/4	13+3/8	54.5	0	126				
1ST	12+1/4	8+5/8	24	126	1,006	625	0	1,006	VISU
2ND		9+5/8	36	0	74				
3RD	7+7/8	5+1/2	15.5	74	6,849	1,262	0	6,849	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	
NIOBRARA	5,931				
X BENTONITE	6,575				
D SAND	6,677				
HUNTSMAN	6,690				
J SAND	6,718				

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 ?
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### 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### Other Attachments

402150363	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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## General Comments

User Group

Comment

Comment Date

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Stamp Upon  
Approval

Total: 0 comment(s)

