

FORM  
5  
Rev  
10/14

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:  
402165003  
  
Date Received:

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/or 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 SPRINGS State: CO Zip: 80944 Email: anthony\_trinko@kindermorgan.com

API Number 05-005-06716-00 County: ARAPAHOE  
Well Name: LATIGO Well Number: 20  
Location: QtrQtr: NENE Section: 13 Township: 5S Range: 61W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL  
As Drilled Latitude: 39.621550 As Drilled Longitude: -104.157170  
GPS Data:  
Date of Measurement: 09/27/2010 PDOP Reading: 4.7 GPS Instrument Operator's Name: G.H. Jarrell  
FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
FNL/FSL FEL/FWL  
\*\* 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) 03/19/1976 Date TD: 03/26/1976 Date Casing Set or D&A: 03/28/1976  
Rig Release Date: 03/28/1976 Per Rule 308A.b.

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

Total Depth MD 6825 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 6808 TVD\*\* \_\_\_\_\_  
Elevations GR 5422 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	48	0	92				
1ST	12+1/4	8+5/8	24	92	889	700	0	889	VISU
2ND		9+5/8	36	0	85				
3RD	7+7/8	5+1/2	15.5	85	6,825	1,825	2,150	6,825	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	
NIOBRARA	5,806				
FORT HAYS	6,184				
CARLILE	6,222				
GREENHORN	6,291				
GRANEROS	6,368				
D SAND	6,611				
HUNTSMAN	6,631				
J SAND	6,655				
SKULL CREEK	6,787				

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.

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>			
402165005	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402165037	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)

