

FORM
5Rev
10/14State 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:

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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 05-005-06214-00

County: ARAPAHOE

Well Name: LATIGO

Well Number: 8

 Location: QtrQtr: NWSW Section: 24 Township: 5S Range: 61W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FWL

As Drilled Latitude: 39.599730 As Drilled Longitude: -104.172020

GPS Data:

Date of Measurement: 09/29/2010 PDOP Reading: 3.3 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) 03/13/1971 Date TD: 03/22/1971 Date Casing Set or D&A: 03/23/1971

Rig Release Date: 03/23/1971 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6834 TVD** Plug Back Total Depth MD 6793 TVD**

Elevations GR 5450 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

DIL, 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 | 12+1/4 | 8+5/8 | 24 | 0 | 994 | 500 | 0 | 994 | VISU |
| 1ST | 7+7/8 | 5+1/2 | 14 & 15 | 0 | 6,834 | 175 | 5,600 | 6,834 | CALC |

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 | |
| X BENTONITE | 6,588 | | | | |
| D SAND | 6,672 | | | | |
| J SAND | 6,713 | | | | |
| SKULL CREEK | 6,788 | | | | |

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.

This well is a re-entry of the Texaco Incorporated E.E. Van Matre #01 well which was completed as a gas well on March 25, 1971.

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 type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 402170316 | 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)

