

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:

402091033

Date Received:

06/28/2019

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/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: 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

Email: anthony_trinko@kindermorgan.com

API Number 05-087-06793-00

County: MORGAN

Well Name: Young

Well Number: 2

 Location: QtrQtr: NESE Section: 2 Township: 4N Range: 58W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1938 feet Direction: FSL Distance: 691 feet Direction: FEL

As Drilled Latitude: 40.339490 As Drilled Longitude: -103.831040

GPS Data:

Date of Measurement: 04/28/2010 PDOP Reading: 3.6 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: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/27/1961 Date TD: 07/03/1961 Date Casing Set or D&A: 05/09/1995

Rig Release Date: 05/09/1995 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5968 TVD** Plug Back Total Depth MD 5949 TVD**

Elevations GR 4509 KB 4509

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

DIL, CNL-LDT

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		8+5/8	24	0	191	150		191	
1ST	7+7/8	5+1/2	15.5	0	5,965	1,050	0	5,965	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:

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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	5,411				
X BENTONITE	5,736				
D SAND	5,832				
J SAND	5,913				

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 Lewis Bros., Inc. & Griffith Exploration Corp. Schocke, et. al. #1 well which was completed as a dry hole on July 3, 1961.

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: 6/28/2019 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>					
402091033	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402091097	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)

