

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:
402178291

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 05-005-06995-00 County: ARAPAHOE
Well Name: LATIGO Well Number: 45
Location: QtrQtr: SENW Section: 13 Township: 5S Range: 61W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2000 feet Direction: FNL Distance: 2550 feet Direction: FWL
As Drilled Latitude: 39.617700 As Drilled Longitude: -104.164640

GPS Data:
Date of Measurement: 09/29/2010 PDOP Reading: 2.4 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) 09/16/1992 Date TD: 10/03/1992 Date Casing Set or D&A: 09/26/1992
Rig Release Date: 10/05/1992 Per Rule 308A.b.

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

Total Depth MD 8297 TVD** _____ Plug Back Total Depth MD _____ TVD** _____
Elevations GR 5444 KB 0 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
CONDUCTOR		13+3/8	54.5	0	41		0	41	VISU
SURF	12+1/4	9+5/8	36	0	1,115	510	0	1,115	VISU
1ST	8+3/4	7	23	0	7,052	1,375	0	7,052	VISU
1ST LINER	6+1/8	4+1/2	10.5	6948	8,297				

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	
CODELL	6,260				
X BENTONITE	6,612				
D SAND	6,764				
J SAND	6,931				

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.

Conductor pipe cemented w/2 Yards Redi-Mix.

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>			
402178298	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402178722	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402178745	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)

