

**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:

402044841

Date Received:

05/30/2019

**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: 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 05-009-06261-00

County: BACA

Well Name: FLANK

Well Number: 43

Location: QtrQtr: NWSE Section: 5 Township: 34S Range: 42W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 37.110759 As Drilled Longitude: -102.187900

GPS Data:

Date of Measurement: 09/22/2009 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:\*\* If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:  
Sec: Twp: Rng:

Field Name: FLANK Field Number: 24051

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/06/1980 Date TD: 03/14/1980 Date Casing Set or D&amp;A: 03/15/1980

Rig Release Date: 03/16/1980 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4700 TVD\*\* Plug Back Total Depth MD 4671 TVD\*\*

Elevations GR 3757 KB 3757 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

IND, NEU

**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	129				
1ST		9+5/8	36	0	84				
2ND	7+7/8	5+1/2	15.5	0	4,692	1,025	0	4,700	VISU
TAPER	12+1/4	8+5/8	24	129	1,425	800	0	1,425	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	
STONE CORRAL		1,435			
NEVA	2,596				
WABAUNSEE	2,886				
TOPEKA	2,925				
LANSING	3,514				
MARMATON	3,847				
CHEROKEE	4,072				
ATOKA	4,314				
MORROW	4,473				

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.

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. TrinkoTitle: Sr. Reservoir EngineerDate: 5/30/2019Email: 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>			
402044841	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402044866	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	List of all logs run was edited Corrected casing type names per WBD Corrected 2nd string casing top per WBD & cement bottom to TD	09/18/2019

Total: 1 comment(s)

