

**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:

402066207

Date Received:

06/06/2019

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 05-009-05061-00

County: BACA

Well Name: FLANK

Well Number: 5

Location: QtrQtr: SENW Section: 8 Township: 34S Range: 42W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 37.099893 As Drilled Longitude: -102.192431

GPS Data:

Date of Measurement: 09/22/2009 PDOP Reading: 4.3 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) 07/08/1963 Date TD: 07/17/1963 Date Casing Set or D&A:

Rig Release Date: 07/18/1963 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4739 TVD** Plug Back Total Depth MD 4701 TVD**

Elevations GR 3737 KB 3737 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

IND, SON, NEU/DEN

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	619	525	0	619	CALC
1ST	7+7/8	5+1/2	15.5	0	4,723	1,225	0	4,739	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		1,422			
NEVA	2,584				
TOPEKA	2,901				
LANSING	3,494				
MARMATON	3,812				
CHEROKEE	4,055				
ATOKA	4,298				
MORROW	4,459				

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 Aikan Bros. Corp. Calvin #1-8 well which was completed as a dry hole on July 17, 1963.

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: 6/6/2019

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402066207	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402066210	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402066213	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402066483	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Corrected log description from CBL to SON Populated surface string cement top & status per WBD Corrected 1st string cement bottom to TD	09/19/2019

Total: 1 comment(s)

