

**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



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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 05-009-05058-00

County: BACA

Well Name: FLANK

Well Number: 19

Location: QtrQtr: NESE Section: 12 Township: 34S Range: 43W Meridian: 6  
FNL/FSL FEL/FWL

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

As Drilled Latitude: 37.096233 As Drilled Longitude: -102.219056

GPS Data:

Date of Measurement: 09/24/2009 PDOP Reading: 2.1 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) 12/08/1962 Date TD: 12/28/1962 Date Casing Set or D&amp;A: 12/29/1962

Rig Release Date: 12/30/1962 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4873 TVD\*\* Plug Back Total Depth MD 4109 TVD\*\*

Elevations GR 3768 KB 3778 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

IEL, Sonic

**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	355	250		355	
1ST	7+7/8	4+1/2		1039	4,822	200		4,822	
2ND	7+7/8	5+1/2		0	1,041			4,822	
3RD		2+3/8	4.7	0	4,110	600	0	4,110	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	
NEVA	2,605				
WABAUNSEE	2,724				
TOPEKA	2,922				
TOPEKA A	3,044				
TOPEKA B	3,100				
TOPEKA C	3,206				
LECOMPTON	3,282				
LANSING	3,534				
MARMATON	3,866				
CHEROKEE	4,088				
MORROW	4,607				

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 was originally completed as the Davis Drilling Company Inc. Elliott #1-22 gas well on August 1, 1965.

The well was plugged and abandoned on August 27, 1974.

The "Date Casing Set" and "Date Rig Released" were estimated as the data from the original operator was not available.

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>			
402231410	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402231424	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402231443	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)

