

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:

402231134

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: _____
FNL/FSL FEL/FWL

** 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&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)

