

FORM  
5Rev  
10/14State 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:

402142257

Date Received:

08/13/2019

## 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 05-005-06968-00

County: ARAPAHOE

Well Name: LATIGO

Well Number: 44

 Location: QtrQtr: CNE Section: 24 Township: 5S Range: 61W Meridian: 6  
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1020 feet Direction: FNL Distance: 1320 feet Direction: FEL

As Drilled Latitude: 39.606100 As Drilled Longitude: -104.159830

GPS Data:

Date of Measurement: 09/27/2010 PDOP Reading: 4.7 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) 05/25/1990 Date TD: 05/30/1990 Date Casing Set or D&amp;A: 05/31/1990

Rig Release Date: 05/31/1990 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6790 TVD\*\* Plug Back Total Depth MD 6761 TVD\*\*

Elevations GR 5412 KB 5412 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

IND, 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	12+1/4	8+5/8	24	0	1,021	600	0	1,021	VISU
1ST	7+7/8	5+1/2	15.5	0	6,780	1,325	0	6,790	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	
HYGIENE	3,812				
NIOBRARA	5,834				
FORT HAYS	6,184				
CODELL	6,208				
CARLILE	6,218				
GREENHORN	6,278				
GRANEROS	6,356				
X BENTONITE	6,498				
D SAND	6,590				
HUNTSMAN	6,604				
J SAND	6,666				

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.

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: 8/13/2019

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402142257	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402142298	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	Corrected 1st string cement bottom to TD	11/12/2019

Total: 1 comment(s)

