

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:

402153529

Date Received:

08/23/2019

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 05-005-06788-00 County: ARAPAHOE
Well Name: LATIGO Well Number: 29
Location: QtrQtr: SWNE Section: 24 Township: 5S Range: 61W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2010 feet Direction: FNL Distance: 1980 feet Direction: FEL
As Drilled Latitude: 39.603380 As Drilled Longitude: -104.162130

GPS Data:
Date of Measurement: 09/29/2010 PDOP Reading: 4.5 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) 03/08/1978 Date TD: 03/17/1978 Date Casing Set or D&A: 03/18/1978

Rig Release Date: 03/18/1978 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6795 TVD** _____ Plug Back Total Depth MD 6764 TVD** _____

Elevations GR 5423 KB 5423 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

IND, NEU, DEN, Core Analysis

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	133				
1ST		9+5/8	36	0	88				
2ND	7+7/8	5+1/2	15.5	0	6,784	1,432	0	6,795	VISU
TAPER	12+1/4	8+5/8	24	133	997	625	0	997	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	
FOX HILLS	650				
PIERRE	754				
NIOBRARA	5,770				
FORT HAYS	6,178				
CODELL	6,207				
CARLILE	6,219				
GREENHORN	6,286				
GRANEROS	6,366				
X BENTONITE	6,511				
D SAND	6,608				
HUNTSMAN	6,620				
J SAND	6,648				
SKULL CREEK	6,778				

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: 8/23/2019 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>			
402153529	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402153531	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 nomenclature to reflect WBD. Corrected 2nd string csg top per WBD. Corrected 2nd string cement bottom to TD	11/12/2019

Total: 1 comment(s)

