

FORM  
5

Rev  
02/20

# 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:

402111960

Date Received:

07/17/2019

## 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: 98220 Contact Name: Anthony Trinko  
Name of Operator: YOUNG GAS STORAGE COMPANY LTD Phone: (719) 520-4557  
Address: P O BOX 1087 Fax: \_\_\_\_\_  
City: COLORADO SPGS State: CO Zip: 80944 Email: anthony\_trinko@kindermorgan.com

API Number 05-087-08055-00 County: MORGAN  
Well Name: YOUNG Well Number: 24  
Location: QtrQtr: NESE Section: 11 Township: 4N Range: 58W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 1025 feet Direction: FSL Distance: 680 feet Direction: FEL  
As Drilled Latitude: 40.322330 As Drilled Longitude: -103.831740  
GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Date of Measurement: 04/28/2010  
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: YOUNG Field Number: 98650  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 11/14/1994 Date TD: 11/18/1994 Date Casing Set or D&A: 11/20/1994  
Rig Release Date: 11/20/1994 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 6015 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 5957 TVD\*\* \_\_\_\_\_

Elevations GR 4479 KB 4479 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

IND, NEU, DEN, SON, CBL

### 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+1/2	13+3/8	54.5	0	284	250	0	284	VISU
1ST		9+5/8	36	0	84				
1ST TAPER	7+7/8	5+1/2	15.5	84	6,005	1,100	2,394	6,015	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/16/1994

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	8		0	8

Details of work:

11/16/94: Did not have good cement around surface casing. Spotted 2-1/2 yards of cement from top of surface casing.

### 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	
CODELL	5,358				
X BENTONITE	5,675				
D SAND	5,775				
J SAND	5,852				

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: 7/17/2019 Email: anthony\_trinko@kindermorgan.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
402111960	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402112007	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 1st taper casing type per WBD. Corrected 1st taper casing cement top per CBL Corrected 1st taper cement bottom to TD Populated 1 INCH cementing toop setting depth, cement top, & bottom per details of work & WBD.	09/22/2020
Permit	Well logs have been uploaded to well file.	04/27/2020
Permit	CBL corrupted.	09/09/2019

Total: 3 comment(s)

