

FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
DRILLING COMPLETION REPORT			Document Number: 2512640
This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.			
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>18600</u>		4. Contact Name: <u>ANTHONY TRINKO</u>	
2. Name of Operator: <u>COLORADO INTERSTATE GAS COMPANY</u>		Phone: <u>(719) 520-4557</u>	
3. Address: <u>P O BOX 1087</u>		Fax: <u>(719) 667-7739</u>	
City: <u>COLORADO SPRIN</u> State: <u>CO</u> Zip: <u>80944</u>			
5. API Number <u>05-001-09728-00</u>		6. County: <u>ADAMS</u>	
7. Well Name: <u>TOTEM</u>		Well Number: <u>7</u>	
8. Location: QtrQtr: <u>NESE</u> Section: <u>8</u> Township: <u>2S</u> Range: <u>62W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>1810</u> feet Direction: <u>FSL</u> Distance: <u>1190</u> feet Direction: <u>FEL</u>			
As Drilled Latitude: <u>39.888400</u> As Drilled Longitude: <u>-104.342580</u>			
GPS Data: Data of Measurement: <u>07/16/2010</u> PDOP Reading: <u>1.9</u> GPS Instrument Operator's Name: <u>RICHARD B GABRIEL</u>			
** If directional footage at Top of Prod. Zone Dist.: <u>1358</u> feet. Direction: <u>FSL</u> Dist.: <u>1509</u> feet. Direction: <u>FEL</u>			
Sec: <u>8</u> Twp: <u>2S</u> Rng: <u>62W</u>			
** If directional footage at Bottom Hole Dist.: <u>439</u> feet. Direction: <u>FNL</u> Dist.: <u>2506</u> feet. Direction: <u>FEL</u>			
Sec: <u>17</u> Twp: <u>2S</u> Rng: <u>62W</u>			
9. Field Name: <u>TOTEM</u>		10. Field Number: <u>83000</u>	
11. Federal, Indian or State Lease Number: <u>5160/73</u>			
12. Spud Date: (when the 1st bit hit the dirt) <u>07/18/2010</u> 13. Date TD: <u>08/03/2010</u> 14. Date Casing Set or D&A: <u>07/29/2010</u>			
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input checked="" type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>9640</u> TVD** <u>7274</u>		17 Plug Back Total Depth MD <u>9640</u> TVD** <u>7274</u>	
18. Elevations GR <u>5182</u> KB <u>5197</u>		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.	
19. List Electric Logs Run: <u>ISOLATION SCANNER-CEMENT BOND LOG</u>			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	14+3/4	10+3/4		0	1,138	626		1,138	CALC
1ST	9+7/8	7		0	7,657	1,675	924	7,657	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
D SAND	7,358	7,409	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,584		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

PRODUCTION CASING CEMENT PROGRAM: STAGE 1: 195SXECONCEM+355SXFRACCEM STAGE 2: 915SXECONOCCEM+160SXFRACCEM+50SXHALLIBURTON PREMIUM CLASS G. DV TOOL@ 5,071' KB

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ANTONY P TRINKO

Title: SR GEOLOGIST Date: 9/2/2010 Email: ANTHONY.TRINKO@ELPASO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2512642	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2512641	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
2512640	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)