

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 1953080

Date Received: 08/12/2013

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 18600
2. Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC
3. Address: P O BOX 1087 City: COLORADO State: CO Zip: 80944
4. Contact Name: ANTHONY P. TRINKO Phone: (719) 520-4557 Fax: (719) 667-4557

5. API Number 05-009-06348-00
6. County: BACA
7. Well Name: FLANK Well Number: 61
8. Location: QtrQtr: NESE Section: 7 Township: 34S Range: 42W Meridian: 6
9. Field Name: FLANK Field Code: 24051

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 4630 Bottom: 4656 No. Holes: 84 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

PREVIOUS PERFORATIONS: 4630'-4634' GL. 07/16/2013: added the follingw perforations: 4631'4643' GL + 4651' GL (4 SPF). WELL EQUIPPED WITH TUBING AND RODS.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4698 Tbg setting date: 07/17/2013 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

STATUS: OPERATOR ENTERED "GAS STORAGE" FOR STATUS OF MORROW FORMATION. NOT OFFERED, THEREFORE, INJECTING SUBSTITUTED FOR SUBMISSION.

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: 8/7/2013 Email ANTHONY_TRINKO@KINDERMORGAN.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1953080	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	NOTE: OPERATOR ENTERED "GAS STORAGE" FOR STATUS FOR MORROW FORMATION. NOT OFFERED FOR STATUS - THEREFORE, INJECTING STATUS USED FOR SUBMISSION.	8/12/2013 9:56:56 AM

Total: 1 comment(s)