

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
401991471

Date Received:

DRILLING COMPLETION REPORT

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 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 State: CO Zip: 80944

API Number 05-009-06482-00 County: BACA
 Well Name: FLANK Well Number: 70
 Location: QtrQtr: NESE Section: 8 Township: 34S Range: 42W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL
 As Drilled Latitude: 37.096388 As Drilled Longitude: -102.183427

GPS Data:
 Date of Measurement: 09/24/2009 PDOP Reading: 3.9 GPS Instrument Operator's Name: G. H. Jarrell

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

Field Name: FLANK Field Number: 24051
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/20/1990 Date TD: 05/28/1990 Date Casing Set or D&A: 05/29/1990
 Rig Release Date: 05/29/1990 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 4683 TVD** _____ Plug Back Total Depth MD 4629 TVD** _____
 Elevations GR 3686 KB 0 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
DIL, CNL-LDT, 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	12+1/4	8+5/8	24	0	1,355	900	0	1,355	VISU
1ST	7+7/8	5+1/2	15.5	0	4,673	1,025	3,440	4,673	CBL

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	
NEVA	2,533				
WABAUNSEE	2,815				
TOPEKA	2,859				
LANSING	3,449				
MARMATON	3,782				
CHEROKEE	3,988				
ATOKA	4,227				
MORROW	4,390				

Comment:

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: _____ Email: anthony_trinko@kindermorgan.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>
Other Attachments			
401991548	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

