

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:
402002800

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: 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

API Number 05-087-08066-00 County: MORGAN
 Well Name: YOUNG Well Number: 35
 Location: QtrQtr: SWNE Section: 14 Township: 4N Range: 58W Meridian: 6
 Footage at surface: Distance: 1750 feet Direction: FNL Distance: 2500 feet Direction: FEL
 As Drilled Latitude: 40.314700 As Drilled Longitude: -103.838410

GPS Data:
 Date of Measurement: 04/28/2010 PDOP Reading: 3.7 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: YOUNG Field Number: 98650
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/04/1994 Date TD: 11/09/1994 Date Casing Set or D&A: 11/11/1994
 Rig Release Date: 11/11/1994 Per Rule 308A.b.

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

Total Depth MD 6030 TVD** _____ Plug Back Total Depth MD 5976 TVD** _____

Elevations GR 4511 KB 0 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
DIL, CNL-LDT, DAS

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	286	300	0	286	VISU
1ST		9+5/8	36	0	90				
2ND	7+7/8	5+1/2	15.5	90	6,020	1,075	0	6,020	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	
CODELL	5,402				
X BENTONITE	5,712				

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 ?	
<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>			
402002875	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

