

FORM  
5Rev  
09/14State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

402003303

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 05-087-08098-00

County: MORGAN

Well Name: YOUNG

Well Number: 37

Location: QtrQtr: NWNW Section: 23 Township: 4N Range: 58W Meridian: 6

Footage at surface: Distance: 760 feet Direction: FNL Distance: 210 feet Direction: FWL

As Drilled Latitude: 40.302980 As Drilled Longitude: -103.847710

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) 10/01/1996 Date TD: 10/06/1996 Date Casing Set or D&amp;A: 10/07/1996

Rig Release Date: 10/07/1996 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☒ Storage ☐ Observation

Total Depth MD 6014 TVD\*\* Plug Back Total Depth MD 5961 TVD\*\*

Elevations GR 4484 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

AIT, CNL-LDT

## 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             | 271           | 300       | 0       | 271     | VISU   |
| 1ST         |              | 9+5/8          | 36    | 0             | 89            |           |         |         |        |
| 2ND         | 7+7/8        | 5+1/2          | 15.5  | 89            | 6,007         | 1,150     | 0       | 6,007   | 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 |   |
| X BENTONITE    | 5,688          |        |                  |       |   |
| J SAND         | 5,871          |        |                  |       |   |

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>    |                       |            |                                     |    |                                     |
| 402003532                   | 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)

