

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



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Document Number:

402004280

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 05-087-08132-00

County: MORGAN

Well Name: YOUNG

Well Number: 43

Location: QtrQtr: SESW Section: 14 Township: 4N Range: 58W Meridian: 6

Footage at surface: Distance: 1170 feet Direction: FSL Distance: 1415 feet Direction: FWL

As Drilled Latitude: 40.308180 As Drilled Longitude: -103.843190

GPS Data:

Date of Measurement: 04/28/2010 PDOP Reading: 3.4 GPS Instrument Operator's Name: G. H. Jarrell

** If directional footage at Top of Prod. Zone Dist.: 633 feet. Direction: FSL Dist.: 1146 feet. Direction: FWL

Sec: 14 Twp: 4 Rng: 58

** If directional footage at Bottom Hole Dist.: 935 feet. Direction: FNL Dist.: 411 feet. Direction: FWL

Sec: 23 Twp: 4 Rng: 58

Field Name: YOUNG

Field Number: 98650

Federal, Indian or State Lease Number: 115

Spud Date: (when the 1st bit hit the dirt) 04/30/2004 Date TD: 05/31/2004 Date Casing Set or D&A: 05/16/2004

Rig Release Date: 06/01/2004 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7777 TVD** 5819 Plug Back Total Depth MD 7777 TVD** 5819

Elevations GR 4512 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Array Induction

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	14+3/4	10+3/4	40.5	0	312	310	0	312	VISU
1ST	9+7/8	7	23	0	6,180	1,410	0	6,180	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	

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>					
402004362	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)

