

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:
402035828

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 05-009-06387-00 County: BACA
 Well Name: FLANK Well Number: 66
 Location: QtrQtr: NWNE Section: 17 Township: 34S Range: 42W Meridian: 6
 Footage at surface: Distance: 310 feet Direction: FNL Distance: 2310 feet Direction: FEL
 As Drilled Latitude: 37.089884 As Drilled Longitude: -102.189012

GPS Data:
 Date of Measurement: 09/22/2009 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: FLANK Field Number: 24051
 Federal, Indian or State Lease Number: 8354

Spud Date: (when the 1st bit hit the dirt) 10/17/1983 Date TD: 10/26/1983 Date Casing Set or D&A: 10/27/1983
 Rig Release Date: 10/27/1983 Per Rule 308A.b.

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

Total Depth MD 4791 TVD** _____ Plug Back Total Depth MD 4630 TVD** _____

Elevations GR 3693 KB 3702 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
DIL, Sonic

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	1,496	550	0	1,496	VISU
1ST	7+7/8	4+1/2	10.5	0	4,735	1,300	153	4,735	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	2,544				
WABAUNSEE	2,810				
TOPEKA A	2,936				
TOPEKA B	2,980				
TOPEKA C	3,036				
MARMATON	3,780				
CHEROKEE	4,004				
MORROW	4,420				
MORROW B	4,532				

Comment:

This Form 5 is being filed in response to a July 26, 2018 data request for a new Drilling Completion Report for wells that have not had one filed since 1999.

There are no cementing tickets available for this well.

This well was formerly the Horizon Oil & Gas Company's Mader #1-17 well which was completed as an oil well on November 17, 1983.

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402035876	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402035942	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)

