

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



DE ET OE ES

Document Number:
402053050

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 05-009-05075-00 County: BACA
Well Name: FLANK Well Number: 22
Location: QtrQtr: SESW Section: 32 Township: 33S Range: 42W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FWL
As Drilled Latitude: 37.122036 As Drilled Longitude: -102.178975

GPS Data:
Date of Measurement: 09/23/2009 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) 06/16/1981 Date TD: 06/18/1981 Date Casing Set or D&A: 06/19/1981
Rig Release Date: 06/19/1981 Per Rule 308A.b.

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

Total Depth MD 6224 TVD** Plug Back Total Depth MD 6198 TVD**

Elevations GR 3826 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
DIL, CNL-FDC

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	1,502	600		1,502	
1ST	7+7/8	5+1/2	15.5	0	6,220	1,325	2,650	6,220	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	
STONE CORRAL		1,490			
NEVA	2,658				
WABAUNSEE	2,944				
TOPEKA	2,980				
LANSING	3,548				
MARMATON	3,888				
CHEROKEE	4,117				
ATOKA	4,344				
MORROW	4,487				

Comment:

This Form 5 is being submitted 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 is a re-entry of the Shell Oil Company's C. I. Wray #1 well which was completed as a dry hole in 1958 and re-entered and completed as a dry hole by Horizon Oil & Gas Company on December 24, 1967.

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>			
402053467	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402053515	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)

