

**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.

Document Number:  
402064666

Date Received:

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 05-009-05067-00 County: BACA  
 Well Name: FLANK Well Number: 7  
 Location: QtrQtr: SESE Section: 5 Township: 34S Range: 42W Meridian: 6  
 Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL  
 As Drilled Latitude: 37.107299 As Drilled Longitude: -102.183565

GPS Data:  
 Date of Measurement: 09/23/2009 PDOP Reading: 3.3 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) 12/16/1962 Date TD: 01/02/1963 Date Casing Set or D&A: 01/02/1963  
 Rig Release Date: 01/03/1963 Per Rule 308A.b.

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

Total Depth MD 4738 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 4153 TVD\*\* \_\_\_\_\_  
 Elevations GR 3732 KB 0 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
IEL, 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	1,373	560		1,373	
1ST	7+7/8	2+7/8	6.5	0	4,197	360	2,288	4,197	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		1,425			
NEVA	2,594				
WABAUNSEE	2,884				
TOPEKA	2,924				
LANSING	3,505				
MARMATON	3,840				
CHEROKEE	4,061				
ATOKA	4,298				
MORROW	4,456				

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.

The Temperature Survey run by the original operator on January 3, 1963 is not available.

This well is a re-entry of the Horizon Oil & Gas Company's Government #1-5 well which was completed as gas well in January 1963.

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 ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
402064968	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)

