

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:
402067656

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 05-009-05065-00 County: BACA

Well Name: FLANK Well Number: 3

Location: QtrQtr: NWNW Section: 8 Township: 34S Range: 42W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 37.103233 As Drilled Longitude: -102.196947

GPS Data:
Date of Measurement: 09/22/2009 PDOP Reading: 3.4 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) 01/30/1962 Date TD: 02/13/1962 Date Casing Set or D&A: 02/15/1962

Rig Release Date: 02/15/1962 Per Rule 308A.b.

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

Total Depth MD 4749 TVD** _____ Plug Back Total Depth MD 4210 TVD** _____

Elevations GR 3784 KB 0 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
IEL, Sonic, MicroLog

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		8+5/8	24	0	1,364	650	0	1,364	VISU
1ST	7+7/8	4+1/2	9.5	0	4,247	210	3,082	4,247	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/06/1982

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,628	400		

Details of work:

08/06/82: Squeezed holes in casing from 1,879'-2,912' with 400 sx. Class H cement. Packer @ 1,628' / RBP @ 4,081'.

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		1,460			
NEVA	2,628				
WABAUNSEE	2,908				
TOPEKA	2,947				
LANSING	3,545				
MARMATON	3,876				
CHEROKEE	4,100				
ATOKA	4,358				
MORROW	4,526				

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 R. E. Colvin #1-8 well which was completed as a gas well in 1962.

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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
402067674	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402067794	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)

