

Document Number:
402100642

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 05-087-06195-00 County: MORGAN
 Well Name: YOUNG Well Number: 14
 Location: QtrQtr: SESW Section: 11 Township: 4N Range: 58W Meridian: 6
 Footage at surface: Distance: 671 feet Direction: FSL Distance: 1953 feet Direction: FWL
 As Drilled Latitude: 40.321430 As Drilled Longitude: -103.840980

GPS Data:
 Date of Measurement: 04/28/2010 PDOP Reading: 2.7 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: YOUNG Field Number: 98650
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/17/1958 Date TD: 07/02/1993 Date Casing Set or D&A: 06/15/1993
 Rig Release Date: 07/03/1993 Per Rule 308A.b.

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

Total Depth MD 5882 TVD** _____ Plug Back Total Depth MD 5876 TVD** _____
 Elevations GR 4498 KB 0 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CNL

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		0	76	50		76	
1ST	7+7/8	5+1/2	14	4992	5,876	100	5,290	5,876	CBL
2ND		5+1/2	15.5	0	4,992				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/26/1993

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,202	1,250	0	5,202

Details of work:

06/26/93: After setting new 5-1/2" 15.5# casing and patch on existing 5-1/2" 14# casing, perforated squeeze holes from 5,202'-5,203' GL w/4 SPF. Cemented with 1,200 sx. Premium and 50 sx. Neat cement. Cement circulated.

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	
X BENTONITE	5,720				
D SAND	5,822				

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.

This well is a re-entry of the Kansas Nebraska Natural Gas Company, Inc. Jess #1 well which was completed as a gas well in September 1958.

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
402100776	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

