

FORM  
5Rev  
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:

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&amp;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 ?			
<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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
402100776	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

