State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number: 402142257

Date Received:

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   [X] 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 05-005-06968-00   County: ARAPAHOE
Well Name: LATIGO   Well Number: 44
Location: QtrQtr: CNE   Section: 24   Township: 5S   Range: 61W   Meridian: 6
Footage at surface: Distance: 1020 feet   Direction: FNL   Distance: 1320 feet   Direction: FEL
As Drilled Latitude: 39.606100   As Drilled Longitude: -104.159830

GPS Data:
   Date of Measurement: 09/27/2010   PDOP Reading: 4.7   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: LATIGO   Field Number: 48500
Federal, Indian or State Lease Number: ____

Spud Date: (when the 1st bit hit the dirt) 05/25/1990 Date TD: 05/30/1990 Date Casing Set or D&A: 05/31/1990
Rig Release Date: 05/31/1990 Per Rule 308A.b.

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

Total Depth   MD 6790   TVD** ____   Plug Back Total Depth   MD 6761   TVD** ____

Elevations   GR 5412   KB 0   **Digital Copies of ALL Logs must be Attached per Rule 308A** [ ]

List Electric Logs Run:
DIL, CNL-LDT, Cyberlook

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	1,021	600	0	1,021	VISU
1ST	7+7/8	5+1/2	15.5	0	6,780	1,325	0	6,780	VISU

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	
HYGIENE	3,812				
NIOBRARA	5,834				
FORT HAYS	6,184				
CODELL	6,208				
CARLILE	6,218				
GREENHORN	6,278				
GRANEROS	6,356				
X BENTONITE	6,498				
D SAND	6,590				
HUNTSMAN	6,604				
J SAND	6,666				

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.

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

	Document Name	Yes		No	
	CMT Summary *	Yes	☐	No	☒
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☐	No	☒
	Other	Yes	☐	No	☒

Other Attachments

		Yes		No	
402142298	WELLBORE DIAGRAM	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)