

FORM
5
Rev
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



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Document Number:
402153456

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: 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 05-005-06751-00 County: ARAPAHOE
 Well Name: LATIGO Well Number: 30
 Location: QtrQtr: N2 Section: 13 Township: 5S Range: 61W Meridian: 6
 Footage at surface: Distance: 1320 feet Direction: FNL Distance: 2640 feet Direction: FWL
 As Drilled Latitude: 39.619870 As Drilled Longitude: -104.164260

GPS Data:
 Date of Measurement: 09/29/2010 PDOP Reading: 4.0 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) 04/05/1977 Date TD: 04/12/1977 Date Casing Set or D&A: 04/14/1977
 Rig Release Date: 04/14/1977 Per Rule 308A.b.

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

Total Depth MD 6830 TVD** _____ Plug Back Total Depth MD 6815 TVD** _____

Elevations GR 5437 KB 0 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
DIL, CNL-FDC

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	17+1/4	13+3/8	54.5	0	139				
1ST	12+1/4	8+5/8	24	139	1,017	600	0	1,017	VISU
2ND		9+5/8	36	0	81				
3RD	7+7/8	5+1/2	15.5	81	6,829	1,515	0	6,829	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	
NIOBRARA	5,853				
FORT HAYS	6,218				
CODELL	6,246				
CARLILE	6,258				
GREENHORN	6,328				
GRANEROS	6,406				
D SAND	6,650				
HUNTSMAN	6,667				
J SAND	6,691				
SKULL CREEK	6,822				

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.

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			
402153465	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)

