

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



Document Number:  
401999651  
Date Received:  
04/08/2019

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-009-06513-00 County: BACA  
Well Name: FLANK Well Number: 78  
Location: QtrQtr: SWSE Section: 8 Township: 34S Range: 42W Meridian: 6  
Footage at surface: Distance: 1000 feet Direction: FSL Distance: 2542 feet Direction: FEL  
As Drilled Latitude: 37.093540 As Drilled Longitude: -102.189813

GPS Data:  
Date of Measurement: 09/22/2009 PDOP Reading: 3.2 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) 07/22/1992 Date TD: 07/28/1992 Date Casing Set or D&A: 07/29/1992  
Rig Release Date: 07/29/1992 Per Rule 308A.b.

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

Total Depth MD 4695 TVD\*\* Plug Back Total Depth MD 4475 TVD\*\*

Elevations GR 3718 KB 3718 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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	1,417	800	0	1,417	VISU
1ST	7+7/8	5+1/2	15.5	0	4,685	1,025	0	4,685	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	
TOPEKA	2,874				
LANSING	3,471				
CHEROKEE	4,018				
ATOKA	4,259				
MORROW	4,423				
MORROW B	4,532				

Operator Comments

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: 4/8/2019 Email: anthony\_trinko@kindermorgan.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
401999651	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401999675	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402033766	FORM 5 SUBMITTED	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)

