

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:

402004280

Date Received:

04/11/2019

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: 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 05-087-08132-00 County: MORGAN  
Well Name: YOUNG Well Number: 43  
Location: QtrQtr: SESW Section: 14 Township: 4N Range: 58W Meridian: 6  
Footage at surface: Distance: 1170 feet Direction: FSL Distance: 1415 feet Direction: FWL  
As Drilled Latitude: 40.308180 As Drilled Longitude: -103.843190

GPS Data:  
Date of Measurement: 04/28/2010 PDOP Reading: 3.4 GPS Instrument Operator's Name: G. H. Jarrell

\*\* If directional footage at Top of Prod. Zone Dist.: 633 feet Direction: FSL Dist.: 1146 feet. Direction: FWL  
Sec: 14 Twp: 4 Rng: 58

\*\* If directional footage at Bottom Hole Dist.: 935 feet Direction: FNL Dist.: 411 feet. Direction: FWL  
Sec: 23 Twp: 4 Rng: 58

Field Name: YOUNG Field Number: 98650  
Federal, Indian or State Lease Number: 115

Spud Date: (when the 1st bit hit the dirt) 04/30/2004 Date TD: 05/31/2004 Date Casing Set or D&A: 05/16/2004  
Rig Release Date: 06/01/2004 Per Rule 308A.b.

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

Total Depth MD 7777 TVD\*\* 5819 Plug Back Total Depth MD 7777 TVD\*\* 5819

Elevations GR 4512 KB 4512 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        | 14+3/4       | 10+3/4         | 40.5  | 0             | 312           | 310       | 0       | 312     | VISU   |
| 1ST         | 9+7/8        | 7              | 23    | 0             | 6,180         | 1,410     | 0       | 6,180   | VISU   |
| OPEN HOLE   | 6+1/8        |                |       | 6180          | 7,777         |           |         |         |        |

**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 |   |
|                |                |        |                  |       |   |

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: 4/11/2019 Email: anthony\_trinko@kindermorgan.com

**Attachment Check List**

| Att Doc Num                        | Document Name              | attached ?                              |  |
|------------------------------------|----------------------------|---|--|
| <b><u>Attachment Checklist</u></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><u>Other Attachments</u></b>    |                            |   |  |
| 402004280                          | DRILLING COMPLETION REPORT | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 402004362                          | WELLBORE DIAGRAM           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 402070890                          | FORM 5 SUBMITTED           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

| User Group       | Comment   | Comment Date |
|------------------|---|--------------|
| Engineering Tech | Attempted to correlated well construction from WBD (doc #402004362) to casing tab fields. | 06/11/2019   |

Total: 1 comment(s)

