

**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:

402028483

Date Received:

05/01/2019

**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 05-009-06480-00 County: BACA  
Well Name: FLANK Well Number: 57  
Location: QtrQtr: NESW Section: 8 Township: 34S Range: 42W Meridian: 6  
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FWL  
As Drilled Latitude: 37.096357 As Drilled Longitude: -102.192469

## GPS Data:

Date of Measurement: 09/22/2009 PDOP Reading: 3.8 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) 05/16/1990 Date TD: 05/25/1990 Date Casing Set or D&A: 05/28/1990Rig Release Date: 05/28/1990 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☒ Storage ☐ ObservationTotal Depth MD 4641 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 4617 TVD\*\* \_\_\_\_\_Elevations GR 3733 KB 3733 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL

**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	1,395	900	0	1,395	VISU
1ST	7+7/8	5+1/2	15.5	0	4,633	1,025	3,650	4,633	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 11/01/1990

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,050	50	4,038	4,050

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	
NEVA	2,573				
WABAUNSEE	2,854				
TOPEKA	2,899				
LANSING	3,486				
MARMATON	3,815				
CHEROKEE	4,029				
ATOKA	4,279				
MORROW	4,440				
MORROW B	4,577				

#### Operator Comments

This Form 5 is being filed 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: 5/1/2019

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402028483	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402028499	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402028550	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402033144	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Populated Remedial Cement squeeze per WBD (doc #402028550) Corrected 1st string casing cement top per CBL (doc #402028499)	05/06/2019

Total: 1 comment(s)

