

FORM
5Rev
10/14**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:

402161600

Date Received:

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/or 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 SPRINGS State: CO Zip: 80944

Email: anthony_trinko@kindermorgan.com

API Number 05-005-06745-00

County: ARAPAHOE

Well Name: LATIGO

Well Number: 23

Location: QtrQtr: NESW Section: 13 Township: 5S Range: 61W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 39.614310 As Drilled Longitude: -104.167070

GPS Data:

Date of Measurement: 09/27/2010 PDOP Reading: 4.4 GPS Instrument Operator's Name: G.H. Jarrell
FNL/FSL FEL/FWL** 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) 02/26/1977 Date TD: 03/07/1977 Date Casing Set or D&A: 03/08/1977

Rig Release Date: 03/09/1977 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☒ Storage ☐ Observation

Total Depth MD 6933 TVD** Plug Back Total Depth MD 6914 TVD**

Elevations GR 5463 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	132				
1ST	12+1/4	8+5/8	24	132	999	700	0	999	VISU
2ND		9+5/8	36	0	74				
3RD	7+7/8	5+1/2	15.5	74	6,928	1,565	0	6,928	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	
FOX HILLS	711				
PIERRE	818				
HYGIENE	3,831				
NIOBRARA	5,881				
FORT HAYS	6,254				
CODELL	6,282				
CARLILE	6,294				
GREENHORN	6,360				
GRANEROS	6,440				
D SAND	6,676				
HUNTSMAN	6,692				
J SAND	6,717				
SKULL CREEK	6,850				
DAKOTA	6,890				

Operator Comments:

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. TrinkoTitle: Sr. Reservoir Engineer

Date: _____

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402161607	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)

