

FORM
5
Rev
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:
402165302

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 05-005-06689-00 County: ARAPAHOE
 Well Name: LATIGO Well Number: 18
 Location: QtrQtr: NWSW Section: 18 Township: 5S Range: 60W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FWL
 As Drilled Latitude: 39.614410 As Drilled Longitude: -104.152670

GPS Data:
 Date of Measurement: 09/29/2010 PDOP Reading: 2.9 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: _____
 FNL/FSL _____ FEL/FWL _____

** 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) 07/23/1975 Date TD: 04/23/1978 Date Casing Set or D&A: 04/24/1978
 Rig Release Date: 04/24/1978 Per Rule 308A.b.

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

Total Depth MD 6721 TVD** _____ Plug Back Total Depth MD 6704 TVD** _____
 Elevations GR 5384 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	12+1/4	8+5/8	24	0	843	700	0	843	VISU
1ST	7+7/8	5+1/2	15.5	0	6,721	1,500	0	6,721	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	
HYGIENE	3,705				
NIOBRARA	5,750				
FORT HAYS	6,149				
CODELL	6,173				
CARLILE	6,186				
GREENHORN	6,278				
GRANEROS	6,336				
X BENTONITE	6,483				
D SAND	6,582				
HUNTSMAN	6,600				
J SAND	6,626				

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. Trinko

Title: 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402165305	TIF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402165457	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)

