

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:

402165909

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 05-005-06331-00

County: ARAPAHOE

Well Name: LATIGO

Well Number: 15

Location: QtrQtr: NWSW Section: 19 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: 39.599840 As Drilled Longitude: -104.152910

GPS Data:

Date of Measurement: 09/29/2010 PDOP Reading: 3.8 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) 06/08/1972 Date TD: 06/16/1977 Date Casing Set or D&A: 06/14/1972

Rig Release Date: 06/14/1972 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6811 TVD** Plug Back Total Depth MD 6771 TVD**

Elevations GR 5443 KB 0

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

DIL, Densilog

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	203	200	0	203	VISU
1ST	7+7/8	4+1/2	10.5	0	6,811	400	5,720	6,811	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/15/1972

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	931	200	0	931

Details of work:

Stage 1 cemented w/200 sx 55/50 Pozmix. TOC calculated @ 5,720' GL.

Stage 2 cemented w/200 sx 50/50 Poznix. DV Tool @ 931' GL

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	696				
PIERRE	770				
HYGIENE	3,711				
NIOBRARA	5,800				
FORT HAYS	6,194				
CODELL	6,219				
CARLILE	6,232				
GREENHORN	6,298				
GRANEROS	6,378				
X BENTONITE	6,524				
D SAND	6,624				
HUNTSMAN	6,634				
J SAND	6,656				
SKULL CREEK	6,780				

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.

This well is a re-entry of the Amoco Production Company UPRR 17 Pan Am E-1 well which was completed as a dry hole on July 1, 1972.

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402165913	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)

