

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:

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: <u>18600</u>	Contact Name: <u>Anthony Trinko</u>
Name of Operator: <u>COLORADO INTERSTATE GAS COMPANY LLC</u>	Phone: <u>(719) 520-4557</u>
Address: <u>P O BOX 1087</u>	Fax: _____
City: <u>COLORADO SPRINGS</u> State: <u>CO</u> Zip: <u>80944</u>	Email: <u>anthony_trinko@kindermorgan.com</u>

API Number <u>05-005-06331-00</u>	County: <u>ARAPAHOE</u>
Well Name: <u>LATIGO</u>	Well Number: <u>15</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>19</u> Township: <u>5S</u> Range: <u>60W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FSL</u> Distance: <u>660</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.599840</u> As Drilled Longitude: <u>-104.152910</u>	
GPS Data:	
Date of Measurement: <u>09/29/2010</u> PDOP Reading: <u>3.8</u> GPS Instrument Operator's Name: <u>G.H. Jarrell</u>	
	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: <u>LATIGO</u> Field Number: <u>48500</u>	
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 <u>6811</u> TVD** _____	Plug Back Total Depth MD <u>6771</u> TVD** _____
Elevations GR <u>5443</u> KB <u>0</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

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)

