

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:
402173218

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 05-005-06236-00 County: ARAPAHOE
 Well Name: LATIGO Well Number: 4
 Location: QtrQtr: NWSW Section: 13 Township: 5S Range: 61W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 1984 feet Direction: FSL Distance: 660 feet Direction: FWL
 As Drilled Latitude: 39.614370 As Drilled Longitude: -104.171560

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) 04/20/1971 Date TD: 04/28/1971 Date Casing Set or D&A: 04/30/1971
 Rig Release Date: 04/30/1971 Per Rule 308A.b.

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

Total Depth MD 6864 TVD** _____ Plug Back Total Depth MD 6829 TVD** _____

Elevations GR 5438 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
DIL, 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	216	200	0	216	VISU
1ST	7+7/8	5+1/2	14, 15.5	0	6,861	200	5,400	6,861	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/30/1971

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	1,010	200		1,010

Details of work:

04/30/71: DV Tool @ 1,010'. Cemented w/200 sx 50-50 Pozmix w/2% Gel.

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	
CODELL	6,290				
X BENTONITE	6,596				
D SAND	6,690				
HUNTSMAN	6,702				
J SAND	6,746				

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 #28 Pan Am #2 well which was completed as an oil well on May 22, 1971.

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>			
402173552	TIF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402173628	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402173905	TIF-DUAL INDUCTION	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)

