

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:
402175549
Date Received:
09/13/2019

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 05-005-06229-00 County: ARAPAHOE
Well Name: LATIGO Well Number: 2
Location: QtrQtr: NWNW Section: 18 Township: 5S Range: 60W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL
As Drilled Latitude: 39.621110 As Drilled Longitude: -104.152320

GPS Data:
Date of Measurement: 09/29/2010 PDOP Reading: 4.2 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) 04/21/1972 Date TD: 04/29/1972 Date Casing Set or D&A: 05/01/1972
Rig Release Date: 05/01/1972 Per Rule 308A.b.

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

Total Depth MD 6839 TVD** Plug Back Total Depth MD 6751 TVD**
Elevations GR 5415 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	20	0	118	75		118	
1ST	7+7/8	4+1/2	11.6	0	6,806	150	6,356	6,806	CBL

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	
X BENTONITE	6,527				
D SAND	6,623				
HUNTSMAN	6,639				
J SAND	6,686				

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 Western Drilling Company Koepke #3 well which was completed as a gas well on June 12, 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: 9/13/2019 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>			
402175553	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402175573	TIF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402175626	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402175725	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)

