

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:

402102136

Date Received:

07/10/2019

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: 98220 Contact Name: Anthony Trinko
Name of Operator: YOUNG GAS STORAGE COMPANY LTD Phone: (719) 520-4557
Address: P O BOX 1087 Fax: _____
City: COLORADO SPGS State: CO Zip: 80944 Email: anthony_trinko@kindermorgan.com

API Number 05-087-07573-00 County: MORGAN
Well Name: YOUNG Well Number: 18
Location: QtrQtr: NESE Section: 11 Township: 4N Range: 58W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1374 feet Direction: FSL Distance: 1251 feet Direction: FEL
As Drilled Latitude: 40.323310 As Drilled Longitude: -103.833890

GPS Data:
Date of Measurement: 04/28/2010 PDOP Reading: 3.9 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: YOUNG Field Number: 98650

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/16/1981 Date TD: 06/19/1993 Date Casing Set or D&A: 06/19/1993
Rig Release Date: 06/20/1993 Per Rule 308A.b.

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

Total Depth MD 5904 TVD** _____ Plug Back Total Depth MD 5879 TVD** _____

Elevations GR 4475 KB 4475 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
IND, CNL, DEN, SON, CBL

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		8+5/8	24	0	82	200	0	82	CALC
1ST	7+7/8	5+1/2	15.5	0	5,902	1,325	0	5,904	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	
X BENTONITE	5,690				
D SAND	5,789				
J SAND	5,872				

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 J&L Oil Corporation Schocke #1 well which was completed as a dry hole on February 22, 1981.

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: 7/10/2019 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402102136	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402102202	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	List of all logs run was edited Populated surface string cement top & CALC status per WBD Corrected 1st string cement bottom to TD	09/17/2019

Total: 1 comment(s)

