

FORM
5
Rev
10/14



Document Number:
402047428

Date Received:
05/30/2019

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 05-009-05077-00 County: BACA
 Well Name: FLANK Well Number: 29
 Location: QtrQtr: SWSW Section: 33 Township: 33S Range: 42W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FWL
 As Drilled Latitude: 37.122011 As Drilled Longitude: -102.165340
 GPS Data:
 Date of Measurement: 09/22/2009 PDOP Reading: 3.2 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: FLANK Field Number: 24051
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/24/1982 Date TD: 05/25/1982 Date Casing Set or D&A: 05/25/1982
 Rig Release Date: 05/25/1982 Per Rule 308A.b.

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

Total Depth MD 4789 TVD** _____ Plug Back Total Depth MD 4771 TVD** _____
 Elevations GR 3811 KB 3811 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
IND, SON

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	429	275	0	429	
1ST	7+7/8	5+1/2	15.5	0	4,788	1,025	0	4,789	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	
NEVA	2,664				
WABAUNSEE	2,964				
TOPEKA	2,998				
LANSING	3,595				
MARMATON	3,947				
CHEROKEE	4,183				
ATOKA	4,430				
MORROW	4,594				
MORROW B	4,710				

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.

There are no cementing tickets available for this well.

This well is a re-entry of the Horizon Oil & Gas Company's Maher #1-33 which was completed as a dry hole on May 4, 1963.

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: 5/30/2019 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>			
402047428	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402047514	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 per WBD Corrected 1st string cement bottom to TD	09/18/2019

Total: 1 comment(s)

