

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:

402182414

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 05-005-06998-00 County: ARAPAHOE  
Well Name: LATIGO Well Number: 48  
Location: QtrQtr: NWNW Section: 24 Township: 5S Range: 61W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 700 feet Direction: FNL Distance: 1320 feet Direction: FWL  
As Drilled Latitude: 39.606950 As Drilled Longitude: -104.169340

GPS Data:

Date of Measurement: 09/29/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: G.H. Jarrell  
FNL/FSL FEL/FWL

\*\* If directional footage at Top of Prod. Zone Dist: 1365 feet Direction: FNL Dist: 1318 feet Direction: FWL  
Sec: 24 Twp: 5S Rng: 61W  
FNL/FSL FEL/FWL

\*\* If directional footage at Bottom Hole Dist: 1893 feet Direction: FNL Dist: 1304 feet Direction: FWL  
Sec: 24 Twp: 5S Rng: 61W

Field Name: LATIGO Field Number: 48500

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 08/23/1992 Date TD: 09/08/1992 Date Casing Set or D&A: 09/13/1992

Rig Release Date: 09/14/1992 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 7686 TVD\*\* 6776 Plug Back Total Depth MD 7592 TVD\*\* 6772

Elevations GR 5478 KB 0 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

GRN

### 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	9+5/8	36	0	1,123	510	0	1,123	VISU
1ST	8+3/4	7	23	0	7,156	1,175	0	7,156	VISU
1ST LINER	6+1/8	4+1/2	10.5	6950	7,592				

### 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	
CODELL	6,302				
X BENTONITE	6,650				
D SAND	6,822				

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.

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>			
402182419	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402182441	TIF-NEUTRON	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)

