

FORM
5Rev
10/14State 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:

402225993

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 05-009-06244-00

County: BACA

Well Name: FLANK

Well Number: 60

 Location: QtrQtr: NENE Section: 18 Township: 34S Range: 42W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 330 feet Direction: FNL Distance: 330 feet Direction: FEL

As Drilled Latitude: 37.089914 As Drilled Longitude: -102.200311

GPS Data:

Date of Measurement: 09/22/2009 PDOP Reading: 2.2 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: 8350

Spud Date: (when the 1st bit hit the dirt) 03/08/1980 Date TD: 03/16/1980 Date Casing Set or D&A: 03/18/1980

Rig Release Date: 03/19/1980 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☒ Storage ☐ Observation

Total Depth MD 4790 TVD** Plug Back Total Depth MD 4731 TVD**

Elevations GR 3773 KB 3783

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

DIL, CNL-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	11	8+5/8	24	0	531	300	0	531	VISU
1ST	7+7/8	5+1/2	15.5	0	4,765	1,025	2,090	4,765	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	
NEVA	2,618				
WABAUNSEE	2,884				
TOPEKA	2,934				
TOPEKA A	3,005				
TOPEKA B	3,051				
TOPEKA C	3,108				
LANSING	3,258				
CHEROKEE	4,094				
MORROW	4,528				
MORROW B	4,628				

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 was formerly known as the Horizon Oil & Gas Company Cossman #02 oil well.

The 04/08/80 CBL run by the original operator is not available.

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>			
402225996	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402226126	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402226332	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)

