

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:

402143139

Date Received:

08/13/2019

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 05-005-06967-00 County: ARAPAHOE
Well Name: LATIGO Well Number: 43
Location: QtrQtr: SWNE Section: 13 Township: 5S Range: 61W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1420 feet Direction: FNL Distance: 1420 feet Direction: FEL
As Drilled Latitude: 39.619580 As Drilled Longitude: -104.159950

GPS Data:
Date of Measurement: 09/27/2010 PDOP Reading: 4.4 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) 05/17/1990 Date TD: 05/23/1990 Date Casing Set or D&A: 05/24/1990

Rig Release Date: 05/24/1990 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6815 TVD** _____ Plug Back Total Depth MD 6783 TVD** _____

Elevations GR 5429 KB 5429 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

IND, NEU, DEN, 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	999	600	0	999	VISU
1ST	7+7/8	5+1/2	15.5	0	6,807	1,375	0	6,815	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	
HYGIENE	3,829				
NIOBRARA	5,800				
FORT HAYS	6,206				
CODELL	6,231				
CARLILE	6,242				
GREENHORN	6,312				
GRANEROS	6,390				
X BENTONITE	6,535				
D SAND	6,632				
HUNTSMAN	6,652				
J SAND	6,712				

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: 8/13/2019 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402143139	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402143198	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	Corrected 1st string cement bottom to TD List of all logs run was edited	11/12/2019

Total: 1 comment(s)

