

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:

402157799

Date Received:

08/27/2019

## 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 05-005-06748-00

County: ARAPAHOE

Well Name: LATIGO

Well Number: 26

Location: QtrQtr: SWSE Section: 13 Township: 5S Range: 61W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 39.610710 As Drilled Longitude: -104.162160

GPS Data:

Date of Measurement: 09/27/2010 PDOP Reading: 4.3 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:\*\* 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) 02/17/1978 Date TD: 02/26/1978 Date Casing Set or D&amp;A: 02/28/1978

Rig Release Date: 02/28/1978 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6812 TVD\*\* Plug Back Total Depth MD 6779 TVD\*\*

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

List Electric Logs Run:

IND, NEU

**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	17+1/4	13+3/8	54.5	0	146				
1ST		9+5/8	36	0	86				
2ND	7+7/8	5+1/2	15.5	0	6,804	1,339	0	6,812	VISU
TAPER	12+1/4	8+5/8	24	146	1,010	600	0	1,010	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	
FOX HILLS	659				
PIERRE	766				
HYGIENE	3,794				
NIOBRARA	5,802				
FORT HAYS	6,202				
CODELL	6,230				
CARLILE	6,242				
GREENHORN	6,308				
GRANEROS	6,388				
X BENTONITE	6,533				
D SAND	6,608				
HUNTSMAN	6,644				
J SAND	6,670				
SKULL CREEK	6,802				

**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: 8/27/2019 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>			
402157799	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402157809	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineering Tech	List of all logs run was edited Corrected casing type nomenclature to reflect WBD. Corrected 2nd string csg top per WBD. Corrected 2nd string cement bottom to TD	11/12/2019

Total: 1 comment(s)

