

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:

402173218

Date Received:

09/12/2019

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 05-005-06236-00 County: ARAPAHOE
Well Name: LATIGO Well Number: 4
Location: QtrQtr: NWSW Section: 13 Township: 5S Range: 61W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1984 feet Direction: FSL Distance: 660 feet Direction: FWL
As Drilled Latitude: 39.614370 As Drilled Longitude: -104.171560

GPS Data:
Date of Measurement: 09/29/2010 PDOP Reading: 3.8 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) 04/20/1971 Date TD: 04/28/1971 Date Casing Set or D&A: 04/30/1971

Rig Release Date: 04/30/1971 Per Rule 308A.b.

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

Total Depth MD 6864 TVD** _____ Plug Back Total Depth MD 6829 TVD** _____

Elevations GR 5438 KB 5438 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
IND, DEN

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	216	200	0	216	VISU
1ST	7+7/8	5+1/2	14, 15.5	0	6,861	200	5,400	6,864	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/30/1971

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	1,010	200	0	1,010

Details of work:

04/30/71: DV Tool @ 1,010'. Cemented w/200 sx 50-50 Pozmix w/2% Gel. Cement top CALC

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	6,290				
X BENTONITE	6,596				
D SAND	6,690				
HUNTSMAN	6,702				
J SAND	6,746				

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 is a re-entry of the Amoco Production Company UPRR #28 Pan Am #2 well which was completed as an oil well on May 22, 1971.

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: 9/12/2019 Email: anthony_trinko@kindermorgan.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>
Other Attachments			
402173218	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402173552	TIF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402173628	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402173905	TIF-DUAL INDUCTION	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 Corrected 1st string cement bottom to TD DV Tool cement top CALC	11/12/2019

Total: 1 comment(s)

