

FORM  
5

Rev  
02/20

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:

402216102

Date Received:

10/21/2019

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: 98220 Contact Name: Anthony Trinko  
Name of Operator: YOUNG GAS STORAGE COMPANY LTD Phone: (719) 520-4557  
Address: P O BOX 1087 Fax: \_\_\_\_\_  
City: COLORADO SPGS State: CO Zip: 80944 Email: anthony\_trinko@kindermorgan.com

API Number 05-087-08077-00 County: MORGAN  
Well Name: YOUNG Well Number: 39  
Location: QtrQtr: SWNW Section: 14 Township: 4N Range: 58W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 1744 feet Direction: FNL Distance: 640 feet Direction: FWL  
As Drilled Latitude: 40.314820 As Drilled Longitude: -103.845810  
GPS Data: GPS Quality Value: 3.6 Type of GPS Quality Value: PDOP Date of Measurement: 04/29/2010  
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: YOUNG Field Number: 98650  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 10/13/1997 Date TD: 10/18/1997 Date Casing Set or D&A: 10/19/1997  
Rig Release Date: 10/20/1997 Per Rule 308A.b.

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

Total Depth MD 6080 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 6024 TVD\*\* \_\_\_\_\_  
Elevations GR 4551 KB 4551 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

IND, NEU, DEN, CBL

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	319	200	0	319	VISU
1ST	7+7/8	5+1/2	15.5	0	6,072	1,050	0	6,072	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	
X BENTONITE	5,804				
D SAND	5,902				
J SAND	5,974				

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.

CBL (10/26/97) previously provided.

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: 10/21/2019 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>			
402216102	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402216113	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineering Tech	Corrected 1st string status to CBL, in well file (doc #96123)	04/13/2020

Total: 1 comment(s)

