

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

402151407

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

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 State: CO Zip: 80944

API Number 05-005-40000-00

County: ARAPAHOE

Well Name: LATIGO

Well Number: 34

Location: QtrQtr: SESE Section: 14 Township: 5S Range: 61W Meridian: 6

Footage at surface: Distance: 810 feet Direction: FSL Distance: 600 feet Direction: FEL

As Drilled Latitude: 39.611090 As Drilled Longitude: -104.176300

GPS Data:

Date of Measurement: 09/29/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: G.H. Jarrell

** 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) 06/07/1978 Date TD: 06/14/1978 Date Casing Set or D&A: 06/15/1978

Rig Release Date: 06/15/1978 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6855 TVD** Plug Back Total Depth MD 6824 TVD**

Elevations GR 5435 KB 0 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	12+1/4	8+5/8	24	0	999	625	0	999	VISU
1ST	7+7/8	5+1/2	15.5	0	6,850	1,443	0	6,850	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	3,884				
NIOBRARA	5,874				
FORT HAYS	6,262				
CODELL	6,287				
CARLILE	6,300				
GREENHORN	6,364				
GRANEROS	6,440				
X BENTONITE	6,584				
D SAND	6,677				
HUNTSMAN	6,694				
J SAND	6,724				

Comment:

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: _____ 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>			
402151464	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

