

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400109834

**COMPLETED INTERVAL REPORT**

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 46685 4. Contact Name: Paul Belanger  
2. Name of Operator: KINDER MORGAN CO2 CO LP Phone: (970) 882-2464  
3. Address: 17801 HWY 491 Fax: (970) 88-5221  
City: CORTEZ State: CO Zip: 81321

5. API Number 05-083-06389-01 6. County: MONTEZUMA  
7. Well Name: MCELMO DOME UNIT 6-37-18 Well Number: HF-1  
8. Location: QtrQtr: LOT 20 Section: 6 Township: 37N Range: 18W Meridian: N  
9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: PRODUCING  
Treatment Date: \_\_\_\_\_ Date of First Production this formation: 08/13/2003  
Perforations Top: 8057 Bottom: 10078 No. Holes: \_\_\_\_\_ Hole size: 4 + 3/4  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☒  
Test data from Production-Scada system at time well put on-line. Unable to find treatment data.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/13/2003 Hours: 17 Bbls oil: 0 Mcf Gas: 14854 Bbls H2O: 73  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 21580 Bbls H2O: 106 GOR: 0  
Test Method: PRODUCTION Casing PSI: 0 Tubing PSI: 706 Choke Size: 0  
Gas Disposition: SOLD Gas Type: CO2 BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: 5 Tubing Setting Depth: 7830 Tbg setting date: 07/29/2003 Packer Depth: 7830  
Reason for Non-Production: \_\_\_\_\_  
Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_  
Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment:

This well report is for a horizontal well sidetrack of the HF1 originally completed 2/6/1984. No treatment data found in well files.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Paul E. Belanger

Title: Regulatory Contractor Date: \_\_\_\_\_ Email Paul\_Belanger@KinderMorgan.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400126874	WELLBORE DIAGRAM
400128604	OTHER
400129190	CEMENT JOB SUMMARY

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)