

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400109834

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)