

FORM 5A

Rev 06/12

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: 400216613

Date Received: 10/20/2011

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 05-083-06287-00 6. County: MONTEZUMA  
 7. Well Name: SAND CANYON (DEEP) UNIT 2 Well Number: 6  
 8. Location: QtrQtr: NWSW Section: 2 Township: 36N Range: 18W Meridian: N  
 9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: PRODUCING Treatment Type: \_\_\_\_\_  
 Treatment Date: 06/06/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 10/12/2011  
 Perforations Top: 7990 Bottom: 8116 No. Holes: 460 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole:

PERF 7990-8043 AND 8054-8116 @4SHOTS/FT=460 SHOTS; ACIDIZE PERFS W/ 5000 GALS 28%HCl; GAS IS CO2

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
 Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
 Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
 Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/12/2011 Hours: 17 Bbl oil: 0 Mcf Gas: 8973 Bbl H2O: 5  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 13020 Bbl H2O: 7 GOR: 0  
 Test Method: FLOW Casing PSI: 0 Tubing PSI: 630 Choke Size: 0  
 Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0  
 Tubing Size: 5 Tubing Setting Depth: 7975 Tbg setting date: 06/07/2011 Packer Depth: 7939

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

REPORTING TREATMENT, SETTING TUBING/PKR, TEST RESULTS AND CONNECTING TO PIPELINE FOR PRODUCTION

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: 10/20/2011 Email Paul\_Belanger@KinderMorgan.com  
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### **Attachment Check List**

Att Doc Num	Name
400216613	FORM 5A SUBMITTED
400216687	WELLBORE DIAGRAM
400216688	OTHER

Total Attach: 3 Files

### **General Comments**

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

Total: 0 comment(s)