

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:

400317162

Date Received:

12/10/2012

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

5. API Number 05-033-06112-00
6. County: DOLORES
7. Well Name: DC
Well Number: #10
8. Location: QtrQtr: NENE Section: 8 Township: 40N Range: 17W Meridian: N
9. Field Name: DOE CANYON Field Code: 17210

Completed Interval

FORMATION: LEADVILLE Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/17/2012

Perforations Top: Bottom: No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☒

There was no stimulation at this time; unable to de-select a treatment type.

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: 05/18/2012 Hours: 17 Bbl oil: 0 Mcf Gas: 8619 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 12469 Bbl H2O: 0 GOR: 0

Test Method: flow Casing PSI: Tubing PSI: 732 Choke Size:

Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

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:

The well test was completed a while after the actual well completion due to the pipe line not being completed. Pipeline installation was held up by the BLM during the Elk Winter Range and completed after April 2011. Coring is indicated in the WBD; this represents coring done when the well was first drilled.

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: 12/10/2012 Email Paul_Belanger@KinderMorgan.com
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Attachment Check List

Att Doc Num	Name
400317162	FORM 5A SUBMITTED
400318542	OTHER
400355904	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Need date of first production and treatment date.	12/11/2012 6:33:15 AM

Total: 1 comment(s)