

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:

400435671

Date Received:

09/05/2013

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 05-083-06634-04	6. County: MONTEZUMA
7. Well Name: GOODMAN POINT	Well Number: #12
8. Location: QtrQtr: SESE Section: 6 Township: 36N Range: 17W Meridian: N	
9. Field Name: MCELMO	Field Code: 53674

### Completed Interval

FORMATION: LEADVILLE Status: ABANDONED WELLBORE/COMPLETION Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7891 Bottom: 9119 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☒

no treatment/no flow test; simply reporting 5A for purposes of stating that this was an abandoned wellbore that was plugged back for drilling the -05

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: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: insufficient production and thus decided for an emergency sidetrack for a shallower target zone (-05; see 5/5A docnums 400435673 and 400435675). no treatment/no flow test; simply reporting 5A for purposes of stating that this was an abandoned wellbore that was plugged back for drilling the -05

Date formation Abandoned: 05/05/2013 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:

submitting only to indicate this -04 wellbore was plugged back and abandoned for the -05

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: 9/5/2013 Email: Paul\_Belanger@KinderMorgan.com  
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### Attachment Check List

**Att Doc Num Name**

400435671	FORM 5A SUBMITTED
400474613	WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)