

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:

400474862

Date Received:

10/04/2013

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
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 05-083-06635-01
6. County: MONTEZUMA
7. Well Name: GOODMAN POINT
Well Number: 11
8. Location: QtrQtr: NWSW Section: 1 Township: 36N Range: 18W Meridian: N
9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 8108 Bottom: 9463 No. Holes: _____ Hole size: _____

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

SEE WBD AS WELL AS PREVIOUSLY SUBMITTED 5As for earlier treatments; none to be submitted with this 5A

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: 12/05/2011 Hours: 17 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

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

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

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

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

Reason for Non-Production: WE'VE TRIED flowing on and off but there is too much water to handle. Since the last valid official test was 12/5/2011 a decision is being made to submit this 5A and change status to SI since that date. Since an MIT would be due by 12/5/2013, a decision is being made with the intent to set a CIBP, submit another 5A at that time changing the status to TA and following up with an MIT within 30 days - all before 12/5/2013. This is a candidate for water shutoff work over.

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:

KM will set a bridge plug to TA the well and do an MIT before 12/5/2013. A form 42 10-day notification of the MIT will be submitted and followed up with a form 21 report/charts as well as a new 5A to change status to TA

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: 10/4/2013 Email: Paul_Belanger@KinderMorgan.com

Attachment Check List

Att Doc Num Name

400474862	FORM 5A SUBMITTED
400474866	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)