

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400482883

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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) 882-5521

5. API Number 05-033-06176-00
6. County: DOLORES
7. Well Name: DOE CANYON Well Number: 15
8. Location: QtrQtr: SESW Section: 11 Township: 40N Range: 18W Meridian: N
Footage at surface: Distance: 1069 feet Direction: FSL Distance: 1610 feet Direction: FWL
As Drilled Latitude: 37.743470 As Drilled Longitude: -108.819420

GPS Data:

Date of Measurement: 01/23/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: R J CAFFEY

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: DOE CANYON 10. Field Number: 17210

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/23/2013 13. Date TD: 08/24/2013 14. Date Casing Set or D&A: 08/20/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8705 TVD** 17 Plug Back Total Depth MD 8530 TVD**

18. Elevations GR 7227 KB 7250

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

OH SUITE, CBL, IMAGE, MUDLOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	20	57	0	105	100	0	105	VISU
SURF	12+1/4	9+3/8	36	0	2,545	1,243	0	2,545	CALC
1ST	8+3/4	7	29&32	0	8,525	2,415	0	8,525	CALC
OPEN HOLE	6		0	8525			8,525		CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/20/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

Conductor Casing
 Size 20 in
 Set at 105 ft Conductor @ 105 ft

Surface Casing
 Size 9-5/8 in
 Set at 2545 ft
 Wt. 36 ppf Grade J-55 surface to 2545 ft
 Hole Size 12-1/4 in
 Est. T.O.C. surface ft
 Csg Shoe @ 2545 ft

Production Casing
 Size 7 in
 Wt. 29 ppf Grade 13 CR from surface to 5780 ft
 Wt. 32 ppf Grade 13 CR from 5780 to 8364 ft
 Wt. 29 ppf Grade 13 CR from 8364 to 8525 ft
 Hole Size 8-3/4 in
 Est. T.O.C. surface ft

Tubing Run Date: NA
 Conductor Cement
 cement with ready-mix to surface

Surface Cement
 Date Cemented: 7/28/2013
 Lead : 800 sx Lite, 5# kol-seal, 1/8# poly-e-flake
 Tail : 300 sx Class G, .1% Halad@-9, 1/8# poly-e-flake
 Note : Circ 143bbbls to pits, top out w/ 40 sx Class G

Prod Cement
 Date Cemented: 8/20/2013
 Lead : 2000 sx Elastiseal™, .2% Versaset, .2% Halad-766
 1.5% Chem-foamer 760
 Tail : 300 sx Halcem, .2% Versaset, .2% Halad-766
 Note : circ 115 bbls to pits, 100 sx Halcem cap cmt

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARADOX	5,880		<input type="checkbox"/>	<input type="checkbox"/>	
LEADVILLE	8,493		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Vertical completion report for pilot well subsequentl plugged back for dirrling of horizontal wellbore. There was no treatment or testing of this vertical wellbore, therefore there will NOT be a form 5A for the -00 wellbore. Tentative tops from mudlog provided; a more complete and accurate set will come with the horizontal completion report docnum 400482886. As drilled will come via sundry once received from survey.

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 Consultant

Date:

Email: Paul_Belanger@KinderMorgan.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400494501	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400494499	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494500	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494505	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494506	PDF-FORMATION MICRO SCAN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494507	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494510	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494512	LAS-LATEROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494513	PDF-LATEROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494514	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494515	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)