

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:

400482884

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 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) 882-5521
 City: CORTEZ State: CO Zip: 81321

5. API Number 05-033-06177-01 6. County: DOLORES
 7. Well Name: DOE CANYON Well Number: 14
 8. Location: QtrQtr: SWSE Section: 14 Township: 40N Range: 18W Meridian: N
 Footage at surface: Distance: 987 feet Direction: FSL Distance: 2384 feet Direction: FEL
 As Drilled Latitude: 37.728770 As Drilled Longitude: -108.814940

GPS Data:

Data of Measurement: 03/20/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: R J CAFFEY

** If directional footage at Top of Prod. Zone Dist.: 1117 feet. Direction: FSL Dist.: 2321 feet. Direction: FEL

Sec: 14 Twp: 40N Rng: 18W

** If directional footage at Bottom Hole Dist.: 2187 feet. Direction: FNL Dist.: 2386 feet. Direction: FEL

Sec: 14 Twp: 40N Rng: 18W

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) 07/20/2013 13. Date TD: 09/05/2013 14. Date Casing Set or D&A: 08/13/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10369 TVD** 8510 17 Plug Back Total Depth MD 10369 TVD** 8510

18. Elevations GR 7105 KB 7130

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:

MUDLOG ONLY; no MWD for horizontal in that KM relies on mudlogger lithologic picks to stay in zone.

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	54.6	0	105	100	0	105	
SURF	12+1/4	9+5/8	36	0	2,355	1,300	0	2,355	
1ST	8+3/4	7	29&32	0	8,364	2,670	0	8,364	
OPEN HOLE	4+3/4		0	8314			8,314		

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/13/2013

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 2355 ft

Wt. 36 ppf Grade J-55 surface to 2355 ft

Hole Size 12-1/4 in

Est. T.O.C. surface ft

Csg Shoe @ 2355 ft

Production Casing

Size 7 in

Wt. 29 ppf Grade 13 CR from surface to 5807 ft

Wt. 32 ppf Grade 13 CR from 5807 to 8126 ft

Wt. 29 ppf Grade 13 CR from 8126 to 8364 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: 7/25/2013

Lead : 800 sx Halcem, .1% Halad®-9, 1/8# poly-e-flake

5# Kol-seal

Tail : 300 sx Halcem, .1% Halad®-9, 1/8# poly-e-flake

Note : Circ 200bbls to pits, top out w/ 30 sx Class G

Prod Cement

Date Cemented: 8/13/2013

Lead : 2000 sx 50/50/POZ, .2% Versaset, .15% Halad-766

1.5% Chem-foamer 760

Tail : 300 sx 50/50/POZ, .2% Versaset, .2% Halad-766

Note : circ 270 bbls t

KOP Date: 8/20/13

KOP off whipstock @ 8314'

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	
ENTRADA	1,087		<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	1,749		<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP	2,020		<input type="checkbox"/>	<input type="checkbox"/>	
CUTLER	2,246		<input type="checkbox"/>	<input type="checkbox"/>	
HERMOSA	4,374		<input type="checkbox"/>	<input type="checkbox"/>	
PARADOX	5,411		<input type="checkbox"/>	<input type="checkbox"/>	
DESERT CREEK	5,804		<input type="checkbox"/>	<input type="checkbox"/>	
MOLAS	8,221		<input type="checkbox"/>	<input type="checkbox"/>	
LEADVILLE	8,284		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Horizontal completion report
As drilled lat/long will be done by sundry after surveyor submits

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			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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			
400491466	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400491467	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400491472	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400491559	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)