

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:

400491046

Date Received:

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 05-083-06381-00  
6. County: MONTEZUMA  
7. Well Name: MCELMO DOME UNIT 13-37-19  
Well Number: HD-1  
8. Location: QtrQtr: SWSW Section: 13 Township: 37N Range: 19W Meridian: N  
9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 10/06/1983  
Perforations Top: 8106 Bottom: 8330 No. Holes: Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☒  
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: Too much water, not enough CO2  
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:

resolving well status issues with Bob Koehler, COGCC. TA status previously reported via sundry. Since this was not the appropriate way to submit TA status, KM is submitting this form 5A to declare so.  
An MIT was completed and form 21 submitted in the spring 2013.

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: \_\_\_\_\_ Email Paul\_Belanger@KinderMorgan.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400500755	WELLBORE DIAGRAM
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Total Attach: 1 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)