

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:

400491068

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 05-083-06407-00
6. County: MONTEZUMA
7. Well Name: MCELMO DOME UNIT 14-38-19
Well Number: CB-1
8. Location: QtrQtr: SWNW Section: 14 Township: 38N Range: 19W 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: 06/26/1984
Perforations Top: 8330 Bottom: 8583 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: 3 + 1/2 Tubing Setting Depth: 8256 Tbg setting date: 09/19/2013 Packer Depth: 8236
Reason for Non-Production: this is an old TA'd well and bridge plug removed for purposes of becoming a pressure test well.
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:

This well has been approved to become a monitoring pressure well. While working with Bob Koehler, COGCC, it was determined to submit this form 5A to change the status of this well to SI. For lack of an "observation" category it was determined that the status should be SI for purposes of submission, but internally COGCC will keep OBS well and we will send in yearly test

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**

400500760	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)