

FORM
5ARev
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:

10/23/2013

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 05-083-06407-00
 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: 10/23/2013 Email Paul_Belanger@KinderMorgan.com
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Attachment Check List

Att Doc Num **Name**

400491068	FORM 5A SUBMITTED
400500760	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)