

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-083-06385-00
6. County: MONTEZUMA
7. Well Name: MCELMO DOME UNIT 24-37-19 Well Number: HD-2
8. Location: QtrQtr: NWNW Section: 24 Township: 37N Range: 19W Meridian: N
9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: INJECTING Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 8127 Bottom: 832 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
This formation is commingled with another formation: [ ] Yes [X] 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; being converted to an EPA APPROVED DISPOSAL WELL - SEE COMMENTS IN SUBMIT PANEL

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 is being converted to an EPA approved injection well; a form 31, 33 is in the process of being filed with Denise Onyskiw at COGCC. A name change for the current name to HWD 2 is also in the works

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

### Attachment Check List

**Att Doc Num**      **Name**

400508717	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)