

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:

400483612

Date Received:

10/14/2013

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  
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) 882-5521

5. API Number 05-083-06688-02  
6. County: MONTEZUMA  
7. Well Name: GOODMAN POINT (GP) Well Number: 23  
8. Location: QtrQtr: SENE Section: 32 Township: 37N Range: 18W Meridian: N  
Footage at surface: Distance: 1544 feet Direction: FNL Distance: 448 feet Direction: FEL  
As Drilled Latitude: 37.423480 As Drilled Longitude: -108.848010

GPS Data:  
Date of Measurement: 09/10/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: Gerald G Huddleston

\*\* If directional footage at Top of Prod. Zone Dist.: 1604 feet. Direction: FNL Dist.: 1287 feet. Direction: FEL  
Sec: 32 Twp: 37N Rng: 18W  
\*\* If directional footage at Bottom Hole Dist.: 1581 feet. Direction: FNL Dist.: 1317 feet. Direction: FEL  
Sec: 32 Twp: 37N Rng: 18W

9. Field Name: MCELMO 10. Field Number: 53674  
11. Federal, Indian or State Lease Number: C22373

12. Spud Date: (when the 1st bit hit the dirt) 11/15/2011 13. Date TD: 01/02/2012 14. Date Casing Set or D&A: 12/29/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8520 TVD\*\* 8425 17 Plug Back Total Depth MD 8333 TVD\*\* 8240

18. Elevations GR 6460 KB 6470  
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:  
cbl, oh sutie, image log, mudlog; all previously submitted

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		99	0	105	100	0	105	VISU
SURF	17+1/2	13+3/8	55/61/68	0	3,070	3,070	0	3,557	CALC
1ST	12+1/4	9+5/8	44/54	0	8,230	2,800	0	8,230	CALC
OPEN HOLE	8+3/8			8230	8,520				CALC

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/02/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

Plugback Cement  
Date Cemented: 7/2/2012  
Lead: 150 sx 50/50/POZ, .2% Halad-766, .2% versaset  
Note: sqz cmt under OH retainer  
Plugback 2 Cement  
Date Cemented: 7/2/2012  
Lead: 150 gal ACE mix cement, 16.4ppg  
Note: 5 runs w/ dump bailer on top of OH retainer  
calculated 52' of cmt, tagged at 8333' after each run

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	1,853		<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	2,657		<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP	3,341		<input type="checkbox"/>	<input type="checkbox"/>	
CUTLER	3,415		<input type="checkbox"/>	<input type="checkbox"/>	
HERMOSA	4,898		<input type="checkbox"/>	<input type="checkbox"/>	
PARADOX	6,043		<input type="checkbox"/>	<input type="checkbox"/>	
MOLAS	8,187		<input type="checkbox"/>	<input type="checkbox"/>	
LEADVILLE	8,225		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

putting well to production after plugback.  
Logs, surveys and tops all previously reported and/or submitted.

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: 10/14/2013 Email: Paul\_Belanger@KinderMorgan.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400494544	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400483612	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494543	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)