

**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



DE	ET	OE	ES
----	----	----	----

Document Number:

400751390

Date Received:

03/19/2015

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 4. Contact Name: Paul Belanger
2. Name of Operator: KINDER MORGAN CO2 CO LP Phone: (970) 882-2464
3. Address: 17801 HWY 491 Fax: (970) 88-5221
City: CORTEZ State: CO Zip: 81321 Email: Paul_Belanger@KinderMorgan.com

5. API Number 05-083-06718-00 6. County: MONTEZUMA
7. Well Name: CD Well Number: 4
8. Location: QtrQtr: NWSE Section: 18 Township: 38N Range: 18W Meridian: N
9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
Treatment Date: 01/27/2015 End Date: 01/27/2015 Date of First Production this formation: _____
Perforations Top: 8420 Bottom: 8490 No. Holes: 280 Hole size: 39/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perforated 4.5" liner at 8610-8614'. Squeezed perms with 6 bbls class G cmt through a retainer at 8580'. Perforated 8420-8490' and acidized with 3000 gallons 28% HCl. Jetted well in coil tubing and tested.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 129Max pressure during treatment (psi): 1600Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 72

Number of staged intervals: _____

Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 316Fresh water used in treatment (bbl): 57Disposition method for flowback: DISPOSALTotal proppant used (lbs): 0Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org**Test Information:**

Date: 01/29/2015 Hours: 8 Bbl oil: 0 Mcf Gas: 9400 Bbl H2O: 21
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: _____ Bbl H2O: _____ GOR: 0
Test Method: flow to atm Casing PSI: 831 Tubing PSI: _____ Choke Size: _____
Gas Disposition: FLARED Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: choke size reported as adjustable.
Waiting on flow line. Well bore finished and RBP from MIT removed 2/3/2015.

Date formation Abandoned: 02/02/2015 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:

--

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: 3/19/2015 Email Paul_Belanger@KinderMorgan.com
:

Attachment Check List

Att Doc Num **Name**

400751390	FORM 5A SUBMITTED
400810869	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

--	--	--

Total: 0 comment(s)