

**FORM
5**Rev
09/14**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

1715967

Date Received:

09/17/2009

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 46685 Contact Name: BOB CLAYTON
Name of Operator: KINDER MORGAN CO2 CO LP Phone: (970) 882-5507
Address: 1001 LOUISIANA ST SUITE 1000 Fax: (970) 882-5521
City: HOUSTON State: TX Zip: 77002

API Number 05-083-06681-00 County: MONTEZUMA
Well Name: HC Well Number: 4
Location: QtrQtr: NWNE Section: 13 Township: 37N Range: 19W Meridian: N
Footage at surface: Distance: 1031 feet Direction: FNL Distance: 1515 feet Direction: FEL
As Drilled Latitude: 37.468400 As Drilled Longitude: -108.889850

GPS Data:

Date of Measurement: 07/07/2009 PDOP Reading: 3.0 GPS Instrument Operator's Name: GERALD

** If directional footage at Top of Prod. Zone Dist.: _____ feet Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

Field Name: MCELMO Field Number: 53674Federal, Indian or State Lease Number: COC010368Spud Date: (when the 1st bit hit the dirt) 10/04/2003 Date TD: 11/10/2003 Date Casing Set or D&A: 11/08/2003Rig Release Date: 11/11/2003 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 8225 TVD** _____ Plug Back Total Depth MD 8225 TVD** _____Elevations GR 6375 KB 6394 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

HIGH RESOLUTION INDUCTION & SPECTRAL DENSITY DUAL SPACED NEUTRON (NOTE: LOGS WILL NOT BE UPLOADED)

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	20	50	0	80		0	80	VISU
SURF	12+1/4	9+5/8	36	0	2,988	1,125	200	2,988	VISU
1ST	8+3/4	7	29/32	0	8,070	2,150	0	8,070	VISU
OPEN HOLE	6			8070	8,230				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2003

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	200	100	0	200

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
LEADVILLE	7,926		NO	NO	6" OPEN HOLE FROM 8070'-8225'. PLEASE SEE ATTACHED

Operator Comments

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____

Print Name: BOB CLAYTON _____

Title: OPERATIONS _____

Date: 9/16/2009 _____

Email: BOB_CLAYTON@KINDERMORGAN.COM _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
<u>Other Attachments</u>					
1715967	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

		Stamp Upon Approval
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Total: 0 comment(s)