

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



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Document Number:

401453660

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	4. Contact Name: Chris Lopez
2. Name of Operator: KINDER MORGAN CO2 CO LP	Phone: (970) 882-5537
3. Address: 1001 LOUISIANA ST SUITE 1000	Fax:
City: HOUSTON State: TX Zip: 77002	Email: christopher_lopez@kindermorgan.com

5. API Number 05-033-06181-00	6. County: DOLORES
7. Well Name: DC	Well Number: 29
8. Location: QtrQtr: Lot 3 Section: 10 Township: 40N Range: 18W Meridian: N	
9. Field Name: DOE CANYON	Field Code: 17210

Completed Interval

FORMATION: LEADVILLE Status: SHUT IN Treatment Type: ACID JOB
Treatment Date: 10/04/2017 End Date: 10/04/2017 Date of First Production this formation: _____
Perforations Top: 8800 Bottom: 8932 No. Holes: 344 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

On 9/19/2017, ran CBL log from 8895' up to surface determining and excellent bond around 4-1/2" liner and 7" casing. Perforate Leadville for production from 8800'-8860', used 3-1/8" casing guns, 4 spf. 60 degree phasing, entry hole size 0.46" and 41.7" of penetration.
Ran pressure gauges to 8800' and determined a static BHP of 1622 psi. Tripped in hole with treating packer, set PKR at 8760' and acidized perforations 8800'-8860' with 9000 gallons (214.2 bbls) 28% HCl, bio-degradable balls were used as diverter, over displaced acid into formation, well on vacuum, pulled packer out of the hole.
Perforate Leadville for production from 8906'-8932', used 3-1/8" casing guns, 4 spf. 60 degree phasing, entry hole size 0.46" and 41.7" of penetration.
Tripped in hole with treating packer, set PKR at 8890', ran pressure gauges to 8900' and determined a static BHP of 1663 psi. Acidized perforations 8906'-8932' with 4000 gallons (95.2 bbls) of 28% HCl, over displaced acid into, well on vacuum.
Unload well with coiled tubing and flow test well. Pulled PKR, nipples up and test production tree. Rigged down and demobilized completion rig.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 492

Max pressure during treatment (psi): 3819

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 309

Number of staged intervals: 2

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 262

Fresh water used in treatment (bbl): 183

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/20/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 3000 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3000 Bbl H2O: 0 GOR: 0
Test Method: Flow Test Casing PSI: 0 Tubing PSI: 452 Choke Size: _____
Gas Disposition: FLARED Gas Type: CO2 Btu Gas: 1 API Gravity Oil: 0
Tubing Size: 3 + 1/2 Tubing Setting Depth: 8890 Tbg setting date: 10/16/2017 Packer Depth: 8890

Reason for Non-Production: Flowline construction was initiated on 11/6/17 and is anticipated to take approximately 4-5 weeks. Once the flowline is completed the well will be tested with commingled flow from both zones flowing through the 4 1/2", 12.6#, 13 CR production tubing.

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: _____

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

Signed: _____

Print Name: Chris Lopez

Title: EHS Specialist

Date: _____

Email: christopher_lopez@kindermorgan.com

Attachment Check List

Att Doc Num

Name

401453683	WELLBORE DIAGRAM
401453685	COMPLETED INTERVAL REPORT
401453686	COMPLETED INTERVAL REPORT

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)