

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



Table with columns DE, ET, OE, ES

Document Number: 401559073

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: 1001 LOUISIANA ST SUITE 1000 City: HOUSTON State: TX Zip: 77002 4. Contact Name: Christopher Lopez Phone: (970) 882-5537 Fax: Email: christopher_lopez@kindermorgan.com

5. API Number 05-083-06379-00 6. County: MONTEZUMA 7. Well Name: MCELMO DOME UNIT 10-37-18 Well Number: YE-1 8. Location: QtrQtr: SENE Section: 10 Township: 37N Range: 18W Meridian: N 9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 06/01/2017 Perforations Top: 7989 Bottom: 8189 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: CO2 Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: Reason for Non-Production: 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:

According to a 1998 agreement between Shell CO2 (Kinder Morgan's predecessor) and the COGCC, Kinder Morgan reported production by unit rather than by well. Kinder Morgan and the COGCC verbally terminated that agreement on July 27, 2017, effective June 1, 2017. This Form 5A is being submitted to establish a Date of First Production of June 1, 2017 for the administrative purpose of re-setting the Form 7s required for this well. The actual Date of First Production for this well was 11/01/1983.

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)