

FORM
5Rev
10/14**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:

402103091

Date Received:

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/or 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: Jake Forsman

Name of Operator: KINDER MORGAN CO2 CO LP

Phone: (970) 882-5541

Address: 1001 LOUISIANA ST SUITE 1000

Fax:

City: HOUSTON

State: TX

Zip: 77002

Email: jake_forsman@kindermorgan.com

API Number 05-083-06725-00

County: MONTEZUMA

Well Name: CX

Well Number: 14

Location: QtrQtr: NENW Section: 10 Township: 38N Range: 18W Meridian: N
FNL/FSL FEL/FWL

Footage at surface: Distance: 644 feet Direction: FNL Distance: 1959 feet Direction: FWL

As Drilled Latitude: 37.571560 As Drilled Longitude: -108.821740

GPS Data:

Date of Measurement: 05/09/2019

PDOP Reading: 5.9

GPS Instrument Operator's Name: R.J. Caffey

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 379 feet Direction: FNL Dist: 1510 feet Direction: FWL
Sec: 10 Twp: 38N Rng: 18W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 379 feet Direction: FNL Dist: 1510 feet Direction: FWL
Sec: 10 Twp: 38N Rng: 18W

Field Name: MCELMO

Field Number: 53674

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/10/2019 Date TD: 06/09/2019 Date Casing Set or D&A: 06/07/2019

Rig Release Date: 06/21/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 8730 TVD** 8690 Plug Back Total Depth MD 8680 TVD** 8640

Elevations GR 6890 KB 6906

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, Neutron-Density, Pulsed Neutron, Sonic Resistivity, Spectral Gamma

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	20	16	55	0	85	100	0	85	CALC
SURF	12+1/4	9+5/8	36	0	2,859	985	0	2,859	VISU
1ST	8+3/4	7	29&32	0	8,338	1,185	0	8,338	VISU
1ST LINER	6	4+1/2	12.6	8164	8,690	100	8,164	8,690	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

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	
ENTRADA	1,154	1,760	NO	NO	
CHINLE	1,760	2,705	NO	NO	
CUTLER	2,705	4,545	NO	NO	
HONAKER TRAIL	4,545	5,575	NO	NO	
PARADOX	5,575	8,194	NO	NO	
MOLAS	8,194	8,304	NO	NO	
LEADVILLE	8,304	8,634	NO	NO	

Operator Comments:

Kinder Morgan CO2 Company L.P. respectfully request the COGCC to remove wellbore diagram doc number: 402103431 from this Form 5.

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

Signed: _____ Print Name: Mike HanniganTitle: EHS Supervisor Date: _____ Email: michael_hannigan@kindermorgan.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402103497	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402103488	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
402103431	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402103481	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105428	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105431	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105492	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105559	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105569	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105607	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105662	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105664	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105673	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105678	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402105684	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402305014	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)

