

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400125339

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

5. API Number 05-083-06601-01 6. County: MONTEZUMA
 7. Well Name: HE Well Number: 5
 8. Location: QtrQtr: LOT 2 Section: 36 Township: 38N Range: 19W Meridian: N
 9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: PRODUCING
 Treatment Date: _____ Date of First Production this formation: 04/21/2004
 Perforations Top: 8190 Bottom: 10500 No. Holes: _____ Hole size: 4 + 3/4
 Provide a brief summary of the formation treatment: _____ Open Hole:
 [No treatment data found. Test data from Production-Scada system shortly after well put on-line. No tubing set.]
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/06/2004 Hours: 17 Bbls oil: 0 Mcf Gas: 38698 Bbls H2O: 288
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 56220 Bbls H2O: 419 GOR: _____
 Test Method: PRODUCING Casing PSI: 770 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD 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: _____

Comment:
This is the horizontal leg drilled in March and April 2004. No treatment data found in well files. There is no tubing; there is no bridge plug or packer, etc.

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: _____ Email Paul_Belanger@KinderMorgan.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400127915	WELLBORE DIAGRAM
400128640	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)