



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.

Document Number:

400130727

1. OGCC Operator Number: 46685

2. Name of Operator: KINDER MORGAN CO2 CO LP

3. Address: 17801 HWY 491

City: CORTEZ State: CO Zip: 81321

4. Contact Name: Paul Belanger

Phone: (970) 882-2464

Fax: (970) 88-5221

5. API Number: <u>05-083-06438-00</u>			6. County: <u>MONTEZUMA</u>		
7. Well Name: <u>MCELMO DOME UNIT 31-37-17</u>			Well Number: <u>MC-5</u>		
8. Location:	QtrQtr: <u>NESW</u>	Section: <u>31</u>	Township: <u>37N</u>	Range: <u>17W</u>	Meridian: <u>N</u>
9. Field Name: <u>MCELMO</u>			Field Code: <u>53674</u>		

Completed Interval

FORMATION: LEADVILLE	Status: PRODUCING
----------------------	-------------------

Treatment Date:	10/13/2010	Date of First Production this formation:	10/13/2010
-----------------	------------	--	------------

Perforations	Top:	8052	Bottom:	9230	No. Holes:	Hole size:	4 + 3/4
--------------	------	------	---------	------	------------	------------	---------

Provide a brief summary of the formation treatment: Open Hole: ☒

gas produced is CO2
Completion: Ran 4-1/2" 12.75# NK3SB tubing
Acid Job Pumped: '+/_ 12,000 gals 28% HCL gals 28% HCL acid

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

Test Information:

Date:	10/23/2010	Hours:	17	Bbls oil:		Mcf Gas:	4583	Bbls H2O:	101
-------	------------	--------	----	-----------	--	----------	------	-----------	-----

Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	6470	Bbls H2O:	143	GOR:	0
--------------------------	-----------	---	----------	------	-----------	-----	------	---

Test Method: production	Casing PSI: 0	Tubing PSI: 143	Choke Size:
-------------------------	---------------	-----------------	-------------

Gas Disposition:	SOLD	Gas Type:	CO2	BTU Gas:	0	API Gravity Oil:
------------------	------	-----------	-----	----------	---	------------------

Tubing Size:	4 + 1/2	Tubing Setting Depth:	7813	Tbg setting date:	10/19/2011	Packer Depth:	7775
--------------	---------	-----------------------	------	-------------------	------------	---------------	------

Reason for Non-Production:

Date formation Abandoned: ☐ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

Production test for the horizontal leg; Scada data

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

Attachment Check List

Att Doc Num	Name
400131126	OTHER
400137677	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)