

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400130727

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

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: [X]
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 [X] 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)