

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



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Document Number:

400216613

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 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 05-083-06287-00 6. County: MONTEZUMA
7. Well Name: SAND CANYON (DEEP) UNIT 2 Well Number: 6
8. Location: QtrQtr: NWSW Section: 2 Township: 36N Range: 18W Meridian: N
9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: PRODUCING
Treatment Date: 06/06/2011 Date of First Production this formation: 10/12/2011
Perforations Top: 7990 Bottom: 8116 No. Holes: 460 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
PERF 7990-8043 AND 8054-8116 @4SHOTS/FT=460 SHOTS; ACIDIZE PERFS W/ 5000 GALS 28%HCl; GAS IS CO2
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/12/2011 Hours: 17 Bbls oil: Mcf Gas: 8973 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 13020 Bbls H2O: 7 GOR: 0
Test Method: FLOW Casing PSI: 0 Tubing PSI: 630 Choke Size: 0
Gas Disposition: SOLD Gas Type: CO2 BTU Gas: 0 API Gravity Oil:
Tubing Size: 5 Tubing Setting Depth: 7975 Tbg setting date: 06/07/2011 Packer Depth: 7939
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

REPORTING TREATMENT, SETTING TUBING/PKR, TEST RESULTS AND CONNECTING TO PIPELINE FOR PRODUCTION

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
400216687	WELLBORE DIAGRAM
400216688	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)