

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)