

FORM
5

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400312114

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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) 882-5521
City: CORTEZ State: CO Zip: 81321

5. API Number 05-033-06171-00 6. County: DOLORES
7. Well Name: DOE CANYON Well Number: 11
8. Location: QtrQtr: NESW Section: 15 Township: 40N Range: 18W Meridian: N
Footage at surface: Distance: 2389 feet Direction: FSL Distance: 2569 feet Direction: FWL
As Drilled Latitude: 37.732620 As Drilled Longitude: -108.834260

GPS Data:

Data of Measurement: 09/18/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: R J CAFFEY

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: DOE CANYON 10. Field Number: 17210

11. Federal, Indian or State Lease Number: fee minerals

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2012 13. Date TD: 05/21/2012 14. Date Casing Set or D&A: 05/10/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8550 TVD** 17 Plug Back Total Depth MD 8550 TVD**

18. Elevations GR 6999 KB 7024

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Acoustic anisotropy, GR-acoustic, multipole acoustic mechanical properties, radial CBL, mudlog
Logging companies have been instructed to send logs direct to COGCC; if there are problems please contact KM to rectify.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	20		0	105	100	0	105	VISU
SURF	12+1/4	9+5/8	36	0	2,500	1,398	0	2,500	CALC
1ST	8+3/4	7	29/32/29	0	8,255	2,400	0	8,255	CALC
OPEN HOLE	6			8255			8,255		CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/10/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		2,400	0	8,255

Details of work:

see WBD for summary of details:

Surface Cement

Date Cemented: 4/18/2012

Lead : 1000 sx 65/35 G Poz, 6% gel, 2% CaCl₂, 1/2#

Cello Flake

Tail : 285 sx G, 2% CaCl₂, 1/2# Cello Flake

Note : top found @ 200 ft, top job 113 sxs to surface

Prod Cement

Date Cemented: 5/10/2012

Lead: 2000 sxs G Poz, 12% salt, 2% gel, 0.3% D-13,

1/4# Cello Flake

Tail: 300 sx G, 10% salt, .75% D-65, .2% D-13

Note : 100 sx top job to surface

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
ENTRADA	435	1,157	<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	1,157	2,014	<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP	2,014	2,288	<input type="checkbox"/>	<input type="checkbox"/>	
CUTLER	2,288	4,105	<input type="checkbox"/>	<input type="checkbox"/>	
HERMOSA	4,105	5,393	<input type="checkbox"/>	<input type="checkbox"/>	
PARADOX	5,393	5,650	<input type="checkbox"/>	<input type="checkbox"/>	
DESERT CREEK	5,650	8,139	<input type="checkbox"/>	<input type="checkbox"/>	
MOLAS	8,139	8,220	<input type="checkbox"/>	<input type="checkbox"/>	
LEADVILLE	8,220	8,517	<input type="checkbox"/>	<input type="checkbox"/>	
OURAY	8,517		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As drilled Lat/Long will be provided by Sundry at a later date

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 Consultant

Date: _____

Email: Paul_Belanger@KinderMorgan.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400337036	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400337034	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)