

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:

400348375

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 05-083-06701-00

6. County: MONTEZUMA

7. Well Name: YA

Well Number: 7

8. Location: QtrQtr: SWSE Section: 13 Township: 37N Range: 18W Meridian: N

Footage at surface: Distance: 615 feet Direction: FSL Distance: 2468 feet Direction: FEL

As Drilled Latitude: 37.458450 As Drilled Longitude: -108.782420

GPS Data:

Date of Measurement: 09/14/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: Huddleston&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: MCELMO

10. Field Number: 53674

11. Federal, Indian or State Lease Number: fee

12. Spud Date: (when the 1st bit hit the dirt) 07/07/2012 13. Date TD: 08/07/2012 14. Date Casing Set or D&A: 08/03/2012

15. Well Classification:

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

16. Total Depth MD 8141 TVD\*\* 17 Plug Back Total Depth MD 8004 TVD\*\*

18. Elevations GR 6692 KB 6717

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:

CBL; OH logs: GR, DENS SONIC; MUDLOG; FMI (to be uploaded later)

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	20	14		0	105	100	0	105	VISU
SURF	12+1/4	9+5/8	36	0	2,936	1,166	0	2,936	CALC
1ST	8+3/4	7	29/32/29	0	7,991	2,266	0	7,991	CALC
OPEN HOLE	6			7991			7,991		

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/03/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

#### Conductor Casing

Size 14 in

Set at 105 ft Conductor @ 105 ft

#### Surface Casing

Size 9-5/8 in

Set at 2936 ft

Wt. 36 ppf Grade K-55 surface to 2936 ft

Hole Size 12-1/4 in

Est. T.O.C. surface ft

Csg Shoe @ 2936

#### Production Casing

Size 7 in

Wt. 29 ppf Grade 13 CR from surface to 5935

Wt. 32 ppf Grade 13 CR from 5935 to 7593

Wt. 29 ppf Grade 13 CR from 7593 to 7991

Hole Size 8-3/4 in

Est. T.O.C. surface ft

#### Conductor Cement

cement with ready-mix to surface

#### Surface Cement

Date Cemented: 7/13/2012

Lead : 800 sx HALCEM™, .1% HALAD-9, 5# KOL-SEAL

1/8# POLY-E-FLAKE; 1.9 yield

Tail : 300 sx HALCEM™, .1% HALAD-9, 1/8#

POLY-E-FLAKE; 1.18 yield

Note : circ 60 bbl to pits, top out w/ 66 sx HALCEM™

#### Prod Cement

Date Cemented: 8/3/2012

Lead: 1800 sx 50/50/G/POZ, .2% VERSASET, .15%

HALAD-766, 1.5% CHEM-FOAMER 760

Tail: 300 sxs 50/50/G/POZ, .2% VERSASET, .25%

HALAD-766

Note : circ 44 bbl to pits, top out csg w/ 100 sx G

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	1,200	1,928	<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	1,928	2,622	<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP	2,622	2,775	<input type="checkbox"/>	<input type="checkbox"/>	
CUTLER	2,775	4,580	<input type="checkbox"/>	<input type="checkbox"/>	
HERMOSA	4,580	5,570	<input type="checkbox"/>	<input type="checkbox"/>	
PARADOX	5,570	7,552	<input type="checkbox"/>	<input type="checkbox"/>	
MOLAS	7,552	7,966	<input type="checkbox"/>	<input type="checkbox"/>	
LEADVILLE	7,966		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FMI log to be uploaded later

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 ?
<b>Attachment Checklist</b>		
400377999	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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Other Attachments</b>		
400377992	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400377994	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378065	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378091	TIF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378093	TIF-DENSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378094	TIF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378095	TIF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378096	TIF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378097	TIF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378115	LAS-DENSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378118	LAS-DENSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378123	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378124	LAS-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378126	LAS-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378127	LAS-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400378128	LAS-SONIC	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)