

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:
400407438

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
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) 882-5521

5. API Number 05-083-06699-00
6. County: MONTEZUMA
7. Well Name: HB Well Number: 6
8. Location: QtrQtr: NWNE Section: 36 Township: 38N Range: 19W Meridian: N
Footage at surface: Distance: 1138 feet Direction: FNL Distance: 2443 feet Direction: FEL
As Drilled Latitude: 37.512253 As Drilled Longitude: -108.894078

GPS Data:
Date of Measurement: 10/21/2011 PDOP Reading: 1.7 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: MCELMO 10. Field Number: 53674
11. Federal, Indian or State Lease Number: COC1713

12. Spud Date: (when the 1st bit hit the dirt) 03/02/2013 13. Date TD: 03/29/2013 14. Date Casing Set or D&A: 03/25/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8085 TVD** 17 Plug Back Total Depth MD 7914 TVD**

18. Elevations GR 6317 KB 6342
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:
OH suite of logs; CMI image logs, CBL; mudlogs

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	99	0	104	100	0	104	VISU
SURF	12+1/4	9+5/8	36	0	3,486	1,464	0	3,486	CALC
1ST	8+3/4	7	29&32	0	7,909	2,300	0	7,909	CALC
OPEN HOLE	6		0	7909			7,909		CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/25/2013

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

Details of work:

Conductor Cement
cement with ready-mix to surface

Surface Cement
Date Cemented: 3/11/2013
Lead : 940 sx HALCEM, .1% Halad®-9,
1/8# Poly-E-Flake, 5# Kol-seal
Tail : 385 sx HALCEM, .1% Halad®-9,
1/8# Poly-E-Flake
Note : circ 110 bbls to pits, 29 sx top job to surface

Prod Cement
Date Cemented: 3/25/2013
Lead: 1800 sxs HALCEM, .2% Versaset,
.15% Halad-766, 1.5% Chem-Foamer 760
Tail: 300 sx HALCEM, .2% Versaset
.2% Halad-766
Note : circ 100 bbls to pits, 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	1,156		<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	1,845		<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP	2,406		<input type="checkbox"/>	<input type="checkbox"/>	
CUTLER	3,315		<input type="checkbox"/>	<input type="checkbox"/>	
PARADOX	5,650		<input type="checkbox"/>	<input type="checkbox"/>	
DESERT CREEK	5,916		<input type="checkbox"/>	<input type="checkbox"/>	
HERMOSA	7,878		<input type="checkbox"/>	<input type="checkbox"/>	
LEADVILLE	7,879		<input type="checkbox"/>	<input type="checkbox"/>	
MOLAS	8,054		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is the final completion report for the pilot hole; a horizontal was subsequently drilled. Pilot hole was not treated or flow tested; therefore no form 5A associated with this form 5 for the pilot. As drilled GPS will follow in subsequent sundry.

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 ?	
Attachment Checklist			
400435807	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"/>
Other Attachments			
400435812	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400435816	PDF-FORMATION MICRO SCAN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400435818	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400435822	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400435825	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442551	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442758	TIF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442760	TIF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442761	TIF-LATEROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442764	TIF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444823	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)