

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



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Document Number:

400491041

Date Received:

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
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) 88-5221

5. API Number 05-083-06280-00
6. County: MONTEZUMA
7. Well Name: SAND CANYON (DEEP) UNIT 7
Well Number: 4
8. Location: QtrQtr: SWNE Section: 7 Township: 36N Range: 18W Meridian: N
9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 06/28/1984
Perforations Top: 7850 Bottom: 7980 No. Holes: 456 Hole size: 4/10

Provide a brief summary of the formation treatment:

Open Hole: ☐

456 holes in 2 perf intervals 7850-7900 and 7916-7980 at 4 spf.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/22/2013 Hours: 17 Bbl oil: 0 Mcf Gas: 7450 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 10810 Bbl H2O: 7 GOR: 0
Test Method: flow Casing PSI: Tubing PSI: 649 Choke Size:
Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 4 + 1/2 Tubing Setting Depth: 7767 Tbg setting date: 11/29/1990 Packer Depth: 7686

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Working with Bob Koehler in remedying the status of this well. State has SI, KM has it producing. I am using the most recent test and including the most recent WBD asking engineers to fill in the dates needed on the formation information tab.

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

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Attachment Check List

Att Doc Num

Name

400499267

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)