

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-083-06573-00 6. County: MONTEZUMA 7. Well Name: SAND CANYON Well Number: 9 8. Location: QtrQtr: SENW 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: 08/12/1996 Perforations Top: 7713 Bottom: 8025 No. Holes: Hole size: Provide a brief summary of the formation treatment: Open Hole: [X] This formation is commingled with another formation: [ ] Yes [X] 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: 07/17/2013 Hours: 17 Bbl oil: 0 Mcf Gas: 12047 Bbl H2O: 8 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 17480 Bbl H2O: 12 GOR: Test Method: flow Casing PSI: 680 Tubing PSI: Choke Size: Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

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.  
This is a tubingless test 7" casing.

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: 10/22/2013 Email Paul\_Belanger@KinderMorgan.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400491073	FORM 5A SUBMITTED
400499550	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)