

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:

400491072

Date Received:

10/22/2013

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 05-083-06526-00
6. County: MONTEZUMA
7. Well Name: SAND CANYON UNIT
Well Number: 7
8. Location: QtrQtr: NWSE 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: 12/10/1990
Perforations Top: 7716 Bottom: 7952 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☒
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: 07/19/2013 Hours: 17 Bbl oil: 0 Mcf Gas: 8085 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: Mcf Gas: 11731 Bbl H2O: 7 GOR: 0
Test Method: flow Casing PSI: Tubing PSI: 652 Choke Size:
Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 3 + 1/2 Tubing Setting Depth: 7683 Tbg setting date: 11/01/1990 Packer Depth: 7610
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.
The well has 5 ½" tbg from 0 to 7610 ft and 3 ½" tbg and jewelry from 7610 to 7683 ft

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

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Attachment Check List

Att Doc Num **Name**

400491072	FORM 5A SUBMITTED
400499858	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)