

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



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Date Received:

09/17/2009

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: BOB CLAYTON
 2. Name of Operator: KINDER MORGAN CO2 COMPANY, L P Phone: (970) 882-5507
 3. Address: P O BOX 281304 Fax: (970) 882-5521
 City: LAKEWOOD State: CO Zip: 80228-

5. API Number 05-083-06681-00 6. County: MONTEZUMA
 7. Well Name: HC Well Number: 4
 8. Location: QtrQtr: NWNE Section: 13 Township: 37N Range: 19W Meridian: N
 Footage at surface: Distance: 1031 feet Direction: FNL Distance: 1515 feet Direction: FEL
 As Drilled Latitude: 37.468400 As Drilled Longitude: -108.889850

GPS Data:
 Date of Measurement: 07/07/2009 PDOP Reading: 3.0 GPS Instrument Operator's Name: GERALD

** 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: COC010368

12. Spud Date: (when the 1st bit hit the dirt) 10/04/2003 13. Date TD: 11/10/2003 14. Date Casing Set or D&A: 11/08/2003

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

16. Total Depth MD 8225 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 6375 KB 6403 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:
HIGH RESOLUTION INDUCTION & SPECTRAL DENSITY DUAL SPACED NEUTRON (NOTE: LOGS WILL NOT BE UPLOADED)

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	26	20		0	80		0	80	CALC
SURF	12+1/4	9+5/8		0	2,988	1,225	0	2,988	
1ST	8+3/4	7		0	8,070	2,150	0	8,070	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	
LEADVILLE	7,926	8,335	<input type="checkbox"/>	<input type="checkbox"/>	6" OPEN HOLE FROM 8070'-8225'. PLEASE SEE ATTACHED

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____ Print Name: BOB CLAYTON _____

Title: OPERATIONS Date: 9/16/2009 Email: BOB_CLAYTON@KINDERMORGAN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

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

Total: 0 comment(s)