

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: 400566421

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  
 Email: Paul\_Belanger@KinderMorgan.com

5. API Number 05-083-06583-00  
 6. County: MONTEZUMA  
 7. Well Name: HD  
 Well Number: 3  
 8. Location: QtrQtr: SWNE Section: 13 Township: 37N Range: 19W Meridian: N  
 9. Field Name: MCELMO Field Code: 53674

Completed Interval

FORMATION: LEADVILLE Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 8976 Bottom: 8215 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

none at this time

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 4 + 1/2 Tubing Setting Depth: 8050 Tbg setting date: 05/21/2012 Packer Depth: 8015

Reason for Non-Production: HD-3 the well is not producing due to water production and insufficient CO2 to continue flow out of the well. There is no reliable test.

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:

Changing well status to SI with intention to drill a new lateral in the near future. The original intent of the NOI sundry, docnum 400507429 was to fix this tubing leak. Instead the decision is to defer work and drill a new lateral. Therefore I am submitting a work-completed sundry, docnum 400566420, essentially rescinding 400507429 NOI and turning this form 5A in to declare the well Shut-in.

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

### Attachment Check List

**Att Doc Num**      **Name**

400571532	WELLBORE DIAGRAM
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Total Attach: 1 Files

### General Comments

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

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Total: 0 comment(s)