

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



DE ET OE ES

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: ☒

none at this time

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: 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

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### Attachment Check List

**Att Doc Num**

**Name**

400571532

WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)