

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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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 4. Contact Name: Christopher Lopez
 2. Name of Operator: KINDER MORGAN CO2 CO LP Phone: (970) 882-5537
 3. Address: 1001 LOUISIANA ST SUITE 1000 Fax: _____
 City: HOUSTON State: TX Zip: 77002 Email: christopher_lopez@kindermorgan.com

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
 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: 06/01/2017
 Perforations Top: 8070 Bottom: 8225 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: _____ 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: CO2 Btu Gas: _____ API Gravity Oil: _____
 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:

According to a 1998 agreement between Shell CO2 (Kinder Morgan's predecessor) and the COGCC, Kinder Morgan reported production by unit rather than by well. Kinder Morgan and the COGCC verbally terminated that agreement on July 27, 2017, effective June 1, 2017.

This Form 5A is being submitted to establish a Date of First Production of June 1, 2017 for the administrative purpose of re-setting the Form 7s required for this well. The actual Date of First Production for this well was 12/10/2003.

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

Signed: _____ Print Name: Chris Lopez
Title: EHS Specialist Date: _____ Email: christopher_lopez@kindermorgan.com

Attachment Check List

Att Doc Num **Name**

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

User Group	Comment	Comment Date
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