

FORM
5A
Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
404237606

Date Received:
06/12/2025

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC Operator Number: <u>46685</u>	4. Contact Name: <u>Jenna Emerick</u>
2. Name of Operator: <u>KINDER MORGAN CO2 CO LLC</u>	Phone: <u>(970) 882-5537</u>
3. Address: <u>1001 LOUISIANA ST SUITE 1000</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>CO2Source_regulatory@kindermorgan.com</u>

5. API Number <u>05-083-06684-01</u>	6. County: <u>MONTEZUMA</u>
7. Well Name: <u>SAND CANYON</u>	Well Number: <u>11</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>8</u> Township: <u>36N</u> Range: <u>18W</u> Meridian: <u>N</u>	
9. Field Name: <u>MCELMO</u> Field Code: <u>53674</u>	

10. If Directional, footage at Top of Prod. Zone: _____ Feet _____ Feet
Sec: _____ Twp: _____ Rng: _____

Completed Interval

FORMATION: LEADVILLE Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 06/01/2017
Perforations Top: 7706 Bottom: 8709 No. Holes: _____ Hole size: _____ Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: While in the process of replacing the lower wellhead adapter on the SC-11 due to a leaking seal in the wellhead, minor pitting was observed on the wellhead flange that might eventually compromise the seal between the primary/secondary seal void and the casing slips. Due to the corrosion issue and logistical difficulty to make the necessary repairs to the wellhead component, the decision was made to temporarily abandon the well to isolate this issue at surface.

Date formation Abandoned: 05/16/2025 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7650 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Temporarily Abandoned the Leadville formation of the SC-11 production well. Date of First Production reported as June 2017 in order to conform with historical Form 7 production reporting, when Kinder Morgan began reporting production on a per well allocated basis.

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

Signed: _____ Print Name: Jenna Emerick
Title: EHS Specialist Date: 6/12/2025 Email: jenna_emerick@kindermorgan.com

ATTACHMENT LIST

Att Doc Num	Name
404237606	FORM 5A SUBMITTED
404237760	OPERATIONS SUMMARY
404237763	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)