

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:

400293398

Date Received:

06/08/2012

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: Paul Belanger
2. Name of Operator: KINDER MORGAN CO2 CO LP	Phone: (970) 882-2464
3. Address: 17801 HWY 491	Fax: (970) 88-5221
City: CORTEZ State: CO Zip: 81321	

5. API Number 05-083-06688-02	6. County: MONTEZUMA
7. Well Name: GOODMAN POINT (GP)	Well Number: 23
8. Location: QtrQtr: SENE Section: 32 Township: 37N Range: 18W 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: \_\_\_\_\_ Bottom: \_\_\_\_\_ No. Holes: \_\_\_\_\_ Hole size: 8 + 3/8

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☒

no treatment carried out 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: 05/14/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 12500 Bbl H2O: 387

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 12500 Bbl H2O: 387 GOR: 0

Test Method: separator Casing PSI: 0 Tubing PSI: 770 Choke Size: 0

Gas Disposition: VENTED Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 7 Tubing Setting Depth: 8162 Tbg setting date: 01/02/2012 Packer Depth: 8167

Reason for Non-Production: too much water; Well tests were performed in effort to flow back induced water from the formation, and to establish a production rate to the plant. Remedial efforts to plug back the pilot hole are forthcoming to attempt and shut-off the water, as identified by a production log

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:

This directional pilot hole that was sidetracked around fish to TD; attached is existing WBD; a current and proposed WBD was mailed with an NOI proposed plugback Sundry on 6/7/2012.

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: 6/8/2012 Email: Paul\_Belanger@KinderMorgan.com

### Attachment Check List

Att Doc Num	Name
400293398	FORM 5A SUBMITTED
400293662	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)