FORM 5A

Rev 06/12 State of Colorado
Oil and Gas Conservation Commission

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

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.

Document Number:					
	400982895				

Date Received:

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1. OGCC Operator Number: 46685	_	Andy Antipas				
2. Name of Operator: KINDER MORGAN CO	2 CO LP		Phone: (970) 882-5			
3. Address: 17801 HWY 491			Fax: (970) 882-5			
City: CORTEZ State:	CO Zip	o: <u>81321</u>	Email: andrew_an	tipas@kindermorgan.com		
5. API Number 05-083-06695-01			6. County: MONTE	ZUMA		
7. Well Name: YG			Well Number: 2			
8. Location: QtrQtr: NESW Section	on: 14 T	Fownship: 37N	Range: 18W	Meridian: N		
9. Field Name: MCELMO	Fie	eld Code: 5367	4			
	Comi	pleted Interval				
FORMATION: LEADVILLE		MPORARILY ABANDO	NED Treatmen	t Type:		
Treatment Date: Er	nd Date:	Da	ate of First Production t	his formation:		
Perforations Top: B	ottom:	No. Holes:	Ho	le size:		
Provide a brief summary of the formation treatr	nent:	Open Hole:	X			
This formation is commingled with another forn	nation:	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:				
	Rea	ason why green com	pletion not utilized:			
Fracture stime	ulations must be	reported on FracF	ocus.org			
Test Information:						
Date: Hours:	Bbl oil:	Mo	of Gas:	Bbl H2O:		
Calculated 24 hour rate: Bbl oil:	Mcf Gas:	 Bh	 I H2O:	GOR:		
Test Method:	Casing PSI:		ng PSI:	Choke Size:		
Gas Disposition:	Gas Type:			API Gravity Oil:		
Tubing Size: Tubing Setting Dep		Tbg setting date:		Packer Depth:		
Reason for Non-Production: Several attempts to get this well to flow and producing too much water production. Bridge plug set 1/14/2016. MIT scheduled; see submit comments						
Date formation Abandoned: 01/14/2016	Squeeze:	Yes 🔽 No	If yes, number of sac	cks cmt		
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.						

Comment:							
1. Change of status from PR to TA with the setting of RBP on 1/14/2016. 2. Production equipment has been removed. 3. A form 42, docnum 400980344 was submitted on 1/29/2015 for an MIT scheduled to be completed 2/9/2016; a form 21/MIT report to be submitted shortly thereafter 4. Flow line removed; closed to atmosphere by BP and valve at top. 5. well produces too much water; KM is addressing how to proceed or a continued TA status sundry submitted in July 2016.							
I hereby certify a	Il statements made in this form are, to the best of my knowledge, true, correct, and complete.						
Signed:	Print Name: Paul E. Belanger						
Title: Regula	tory contractor Date: Email Paul_belanger@kinder	morgan.com					
	Attachment Check List						
Att Doc Num	<u>Name</u>						
400982971	WIRELINE JOB SUMMARY						
400983624	WELLBORE DIAGRAM						
Total Attach: 2 Fi	iles						
	General Comments						
<u>User Group</u>	Comment	Comment Date					
Total: 0 comme	ent(s)						
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