

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400163707

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 46290 4. Contact Name: Sherry Glass
2. Name of Operator: K P KAUFFMAN COMPANY INC Phone: (303) 825-4822
3. Address: 1675 BROADWAY, STE 2800 Fax: (303) 825-4825
City: DENVER State: CO Zip: 80202

5. API Number 05-123-29642-00 6. County: WELD
7. Well Name: KOESTER Well Number: 18-33
8. Location: QtrQtr: SWNW Section: 33 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 1659 feet Direction: FNL Distance: 886 feet Direction: FWL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/16/2011 13. Date TD: 04/19/2011 14. Date Casing Set or D&A: 04/21/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7897 TVD 7897 17 Plug Back Total Depth MD _____ TVD _____18. Elevations GR 4923 KB 4933

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	1+2/1	8+5/8	24#	0	735	520	0	735	VISU
1ST	7+7/8	4+1/2	11.6#	0	7,878	565	0	7,878	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,662		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,156		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,660		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,993		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,238		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,261		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,316		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,718		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: Sherry Glass

Title: Engineering Technician Date: _____ Email: sglass@kpk.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400164655	LAS-COMBINATION OPEN HOLE
400164656	OTHER
400164657	OTHER

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)