

FORM
5
Rev
02/08

State 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:
400163711

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

5. API Number 05-123-29643-00
6. County: WELD
7. Well Name: KOESTER Well Number: 18-33-6
8. Location: QtrQtr: C-NW Section: 33 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 1657 feet Direction: FNL Distance: 936 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: 2006 feet Direction: FNL Distance: 1973 feet Direction: FWL
Sec: 33 Twp: 4N Rng: 67W
at Bottom Hole Distance: 2006 feet Direction: FNL Distance: 1973 feet Direction: FWL
Sec: 33 Twp: 4N Rng: 67W

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) 04/22/2011 13. Date TD: 04/26/2011 14. Date Casing Set or D&A: 04/27/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7578 TVD 7438 17 Plug Back Total Depth MD 7545 TVD

18. Elevations GR 4924 KB 4934
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	12+1/4	8+5/8	24	0	736	520	0	736	VISU
1ST	7+7/8	4+1/2	11.6	0	7,559	480		7,559	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	3,753		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,248		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,790		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,114		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,380		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,402		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,456		<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
400166346	LAS-COMBINATION OPEN HOLE
400166347	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)