

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

DRILLING COMPLETION REPORT

Document Number:

400172351

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 05-123-32872-00 6. County: WELD
 7. Well Name: NRC Well Number: #9-9-15H
 8. Location: QtrQtr: NESE Section: 9 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 1971 feet Direction: FSL Distance: 674 feet Direction: FEL
 As Drilled Latitude: 40.063710 As Drilled Longitude: -104.888730

GPS Data:

Date of Measurement: 06/16/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: R. Gorka

** If directional footage at Top of Prod. Zone Dist.: 1945 feet. Direction: FSL Dist.: 947 feet. Direction: FEL

Sec: 9 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 793 feet. Direction: FSL Dist.: 2153 feet. Direction: FEL

Sec: 9 Twp: 1N Rng: 67W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/30/2011 13. Date TD: 05/11/2011 14. Date Casing Set or D&A: 05/11/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6616 TVD** 4751 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 5030 KB 5046

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:

L-plot logs

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	9+5/8	40	0	1,039	630	0	1,047	VISU
1ST	8+3/4	7	26	3000	5,106	220	3,000	5,106	CALC
2ND	6+1/4	4+1/2	11.6	0	6,605	200	0	6,616	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	4,229		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,866		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 4 SUBMITTED REQUESTING CONFIDENTIALITY STATUS

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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)