

FORM
5A

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



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Document Number:
400217905

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: 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 05-123-32751-00 6. County: WELD
 7. Well Name: Front Range Well Number: #11-17-5
 8. Location: QtrQtr: NESW Section: 17 Township: 4N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/26/2011 Date of First Production this formation: 10/11/2011
 Perforations Top: 7575 Bottom: 7595 No. Holes: 80 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole:

NEW CODELL FRAC.
 capacity 117 bbls
 MIRUH call for max press 6000 psi kickouts 5800 psi
 begin active pad formation break 3647 psi @4.6 bpm
 isip 2585 psi 1 min 2375psi 5 min 2122psi leakoff 463 psi
 begin FR water pad 762 bbls @4035 psi @ 40.1 bpm.
 begin phaser frac pad 119 bbls @4226 psi @39.4 bpm.
 pump 1 thru 4 ppg .
 249,215# preferred rock 20/40
 8,00# SB Excel 20/40 2237.1bblsphaser 2117.2 SLF.
 ISIP -3547 PSI PRESS AFTER 5 MIN -3292 PSI.
 AVG PRESS 4101 PSI RATE 40.9 BPM.
 MAX PRESS 5121 PSI RATE 41.7 BPM

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/16/2011 Hours: 24 Bbls oil: 24 Mcf Gas: 316 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 316 Bbls H2O: 0 GOR: 13167
 Test Method: flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: _____ BTU Gas: 1233 API Gravity Oil: 57
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 08/27/2011

Date of First Production this formation: 10/11/2011

Perforations Top: 7365 Bottom: 7385 No. Holes: 80 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole:

1
Open well 2289 psi on well begin active pad formation
break 4742 psi isip 3664 psi 1 min 3419 psi 5 min 3275 psi

2
pumped 119 bbls
begin FR water pad pump 1429 bb
bbls leakoff 389 psi
@ 50.7 bpm 4356 psi.

3
begin pHaser frac pad pump 143 bbls@50.1 bpm@ 4380 psi.

4
begin pHaser frac pump 167 bbls 7000 # 30/50 1 ppg
at 4500 psi.

5
begin phaser frac pump 786 bbls 66000 # 30/50 2ppg @50.0 bpm/4486 psi

6
begin phaser frac pump 524 bbls 66000 # 30/50 3 ppg @ 50.1 at 4302 psi

7
begin phaser frac pump 310 bbls 39000 # 30/50 3 ppg@ 50.0 bpm at 4400 psi.

8
begin phaser frca pump 238 bbls 4000# 30/50 4 ppg @50.2 bpm at 4395 psi.

9
begin phaser frac pump 143 bbls 24000 # 30/50 4ppg 50.0 bpm at 4329 psi.

10
begin phaser frac pump 48 b bls 8000 # SB Ecel 20/40 4 ppg @ 49.9 bpm.

11
Flush 119 bbls.
50.0 bpm@4680 psi.
ISIP 3546 PSI
5 MIN .3296 PSI SHUT WELL IN.
AVG PRESS 4451 PSI RATE 50.1 BPM
MAX PRESS 5024 PSI RATE 50.9 BPM.
Ppumped 245,011# 30/50 ottawa 8,000 # SB Excel 20/40 sand
117.3 BBLS ACIVE FLUID PAD
2377.5 BBLS PHASER.
2232.5 BBLS SLF.
LOAD TO RECOVER 4095.7 BBLS.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/16/2011 Hours: 24 Bbls oil: 24 Mcf Gas: 315 Bbls H2O: 1
 Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 315 Bbls H2O: 1 GOR: 13125
 Test Method: flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: _____ BTU Gas: 1233 API Gravity Oil: 57
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
DCP installed gas line after delay, ROW negotiated with landowner, access negotiated with landowner.

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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name
400217945	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)