FORM 5	State of Colorado	DE	ET	OE	ES

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
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 05-123-32872-00
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:
   Data 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.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
   Sec: _____ Twp: _____ Rng: _____
   ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
   Sec: _____ Twp: _____ Rng: _____

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		☐	☐	
SUSSEX	4,866		☐	☐	

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: 10/24/2011   Email: sglass@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name		Yes		No
400214736	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
400217544	Other	Yes	☒	No	☐

Other Attachments

Att Doc Num	Document Name		Yes		No
400172351	FORM 5 SUBMITTED	Yes	☒	No	☐
400214737	LAS-DENSITY	Yes	☒	No	☐
400214739	LAS-DENSITY	Yes	☒	No	☐
400214740	LAS-DENSITY	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date
Engineer	Preliminary form 5, no CBL yet.	11/10/2011 10:05:43 AM

Total: 1 comment(s)