

**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:

400210674

**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 05-123-32751-00

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

Footage at surface: Distance: 1505 feet Direction: FSL Distance: 1906 feet Direction: FWL

As Drilled Latitude: 40.308460 As Drilled Longitude: -104.804210

## GPS Data:

Date of Measurement: 07/22/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: R. Gorka

\*\* If directional footage at Top of Prod. Zone Dist.: 2268 feet. Direction: FNL Dist.: 862 feet. Direction: FWL

Sec: 17 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2268 feet. Direction: FNL Dist.: 862 feet. Direction: FWL

Sec: 17 Twp: 4N Rng: 66W

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) 08/06/2011 13. Date TD: 08/10/2011 14. Date Casing Set or D&amp;A: 08/10/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7721 TVD\*\* 7346 17 Plug Back Total Depth MD 7676 TVD\*\* 7298

18. Elevations GR 4722 KB 4734

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:

Triple Combo- CDL-CNL-DIL

## 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	713	500	0	713	VISU
1ST	7+7/8	4+1/2	11.6	0	7,694	508	2,760	7,694	CBL

**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	3,901		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,564		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,006		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,261		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,555		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,578		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

completed interval report to be submitted when DCP gas line is finished and well testing can be accomplished for IP

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: 10/13/2011 Email: sglass@kpk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400210753	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400214769	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400210674	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400210684	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400210685	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)