

FORM  
5Rev  
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:

400210688

## 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 05-123-32754-00

6. County: WELD

7. Well Name: Front Range

Well Number: #11-17-6

8. Location: QtrQtr: NESW Section: 17 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 1515 feet Direction: FSL Distance: 1931 feet Direction: FWL

As Drilled Latitude: 40.308470 As Drilled Longitude: -104.804120

## 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.: 2246 feet. Direction: FNL Dist.: 2104 feet. Direction: FWL

Sec: 17 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2094 feet. Direction: FNL Dist.: 2104 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) 07/30/2011 13. Date TD: 08/04/2011 14. Date Casing Set or D&amp;A: 08/05/2011

## 15. Well Classification:

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

16. Total Depth MD 7620 TVD\*\* 7381 17 Plug Back Total Depth MD 7585 TVD\*\* 7347

18. Elevations GR 4721 KB 4733

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	705	500	0	705	VISU
1ST	7+7/8	4+1/2	11.6	0	7,602	512	2,780	7,602	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,771		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,446		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,879		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,122		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,425		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,449		<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: 10/24/2011 Email: sglass@kpk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400210754	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400214776	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>		
400210688	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400210703	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400210704	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

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

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Total: 0 comment(s)