

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:
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
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 05-123-32754-00
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&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:

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	3,771		<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

User Group	Comment	Comment Date

Total: 0 comment(s)