

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



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Document Number:

400259441

Date Received:

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: Susana Lara-Mesa  
 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 05-123-35081-00 6. County: WELD  
 7. Well Name: Sunmarke Well Number: 19-28-14  
 8. Location: QtrQtr: SESW Section: 28 Township: 4N Range: 67W Meridian: 6  
 Footage at surface: Distance: 896 feet Direction: FSL Distance: 1436 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 1126 feet. Direction: FSL Dist.: 1961 feet. Direction: FWL  
Sec: 28 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 648 feet. Direction: FSL Dist.: 1985 feet. Direction: FWL  
Sec: 28 Twp: 4N Rng: 67W

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) 03/14/2012 13. Date TD: 03/18/2012 14. Date Casing Set or D&A: 03/19/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7579 TVD\*\* 7503 17 Plug Back Total Depth MD 7517 TVD\*\* 7441

18. Elevations GR 4975 KB 4989 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:

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	738	520	0	747	VISU
1ST	7+7/8	4+1/2	11.5	0	7,531	570	3,608	7,579	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	3,708		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,198		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,730		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,104		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,386		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,408		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Susana Lara-Mesa  
 Title: Engineering Project Mgr Date: \_\_\_\_\_ Email: slaramesa@kpk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400263832	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"/>
<b>Other Attachments</b>			
400263830	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400263831	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)