

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400307694

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 05-123-13409-00 6. County: WELD
 7. Well Name: WUERTZ Well Number: #12-3
 8. Location: QtrQtr: SWSW Section: 12 Township: 1N Range: 65W Meridian: 6
 Footage at surface: Distance: 990 feet Direction: FSL Distance: 990 feet Direction: FWL
 As Drilled Latitude: 40.061460 As Drilled Longitude: -104.618050

GPS Data:
 Date of Measurement: 07/02/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: R Gorka

** If directional footage at Top of Prod. Zone Dist.: 990 feet. Direction: FSL Dist.: 990 feet. Direction: FWL

Sec: 12 Twp: 1N Rng: 65W

** If directional footage at Bottom Hole Dist.: 990 feet. Direction: FSL Dist.: 990 feet. Direction: FWL

Sec: 12 Twp: 1N Rng: 65W

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) 06/25/1987 13. Date TD: 06/30/1987 14. Date Casing Set or D&A: 06/30/1987

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

16. Total Depth MD 7790 TVD** 7790 17 Plug Back Total Depth MD 7790 TVD** 7790

18. Elevations GR 4975 KB 4985 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:
CBL

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	13+3/4	9+5/8	36	0	214	170	0	214	VISU
1ST	7+7/8	4+1/2	11.6	0	7,790	250	6,600	7,790	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	870	150	367	1,160
SQUEEZE	1ST	750	50	367	1,160

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	
			<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 ?	
<u>Attachment Checklist</u>			
400307717	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400307712	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>

Total: 0 comment(s)