

**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:

400312321

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 05-123-32755-00 6. County: WELD
7. Well Name: Front Range Well Number: #11-17-8
8. Location: QtrQtr: NESW Section: 17 Township: 4N Range: 66W Meridian: 6
Footage at surface: Distance: 1522 feet Direction: FSL Distance: 2047 feet Direction: FWL
As Drilled Latitude: 40.308600 As Drilled Longitude: -104.803750

GPS Data:

Data of Measurement: 03/01/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Kipper Goldsberry** If directional footage at Top of Prod. Zone Dist.: 2069 feet. Direction: FNL Dist.: 704 feet. Direction: FELSec: 17 Twp: 4N Rng: 66W** If directional footage at Bottom Hole Dist.: 2018 feet. Direction: FNL Dist.: 613 feet. Direction: FELSec: 17 Twp: 4N Rng: 66W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/27/2012 13. Date TD: 08/01/2012 14. Date Casing Set or D&A: 08/02/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8113 TVD** 7397 17 Plug Back Total Depth MD 8078 TVD** 736218. Elevations GR 4722 KB 4738

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
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	12+1/4	8+5/8	24	0	728	560	0	728	VISU
1ST	7+7/8	4+1/2	11.6	0	8,113	875	728	8,113	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	3,980		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,726		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,208		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,686		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,926		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,950		<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>		
400313073	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400313072	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"/>
400315517	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400312326	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400313070	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400323875	LAS-CEMENT BOND	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)