

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400354962 Date Received: 01/14/2013

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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: Bonnie Mobley Phone: (303) 825-4822 Fax: (303) 825-4825

5. API Number 05-123-12556-00 6. County: WELD 7. Well Name: ROLLIE VINCENT J Well Number: #3 8. Location: QtrQtr: SWSE Section: 12 Township: 2N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2012 End Date: 12/05/2012 Date of First Production this formation: Perforations Top: 7354 Bottom: 7368 No. Holes: 42 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: 9997 gal of FR-66 Water Pad, Gel with 152866 lb of sand

This formation is commingled with another formation: [X] Yes [ ] No Total fluid used in treatment (bbl): 3456 Max pressure during treatment (psi): 6960 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30 Type of gas used in treatment: Min frac gradient (psi/ft): 0.75 Total acid used in treatment (bbl): 12 Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 3305 Fresh water used in treatment (bbl): 3305 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 152866 Rule 805 green completion techniques were utilized: Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2012 End Date: 12/13/2012 Date of First Production this formation: 01/09/1986  
Perforations Top: 7142 Bottom: 7368 No. Holes: 126 Hole size: 3/8

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)**

**Test Information:**

Date: 01/09/2013 Hours: 24 Bbl oil: 29 Mcf Gas: 78 Bbl H2O: 16

Calculated 24 hour rate: Bbl oil: 29 Mcf Gas: 78 Bbl H2O: 16 GOR: 2690

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 500 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1449 API Gravity Oil: 45

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/13/2012 End Date: 12/13/2012 Date of First Production this formation:
Perforations Top: 7142 Bottom: 7230 No. Holes: 84 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole:
25010 gal of FR-66 Water Pad, Gel with 210110 lb of sand

This formation is commingled with another formation: [X] Yes [ ] No
Total fluid used in treatment (bbl): 4217 Max pressure during treatment (psi): 4394
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.84
Total acid used in treatment (bbl): 24 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 4016
Fresh water used in treatment (bbl): 4016 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 210110 Rule 805 green completion techniques were utilized: [ ]
Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

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: 1/14/2013 Email: slaramesa@kpk.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400354962 FORM 5A SUBMITTED, 400355119 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Rows: Permit Received and entered choke size and API gravity. Ready to pass. 3/1/2013 2:27:43 PM, Permit On hold. Requested choke size and oil gravity. 2/28/2013 3:15:36 PM

Total: 2 comment(s)