

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



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Date Received:

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: Susana Lara-Mesa  
Phone: (303) 825-4822  
Fax: (303) 825-4825

5. API Number 05-123-24569-00  
6. County: WELD  
7. Well Name: Camenisch  
Well Number: 41-32  
8. Location: QtrQtr: SWNE Section: 32 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 03/04/2007 End Date: 03/04/2007 Date of First Production this formation: 05/02/2007  
Perforations Top: 7281 Bottom: 7301 No. Holes: 80 Hole size: 3/7  
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

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: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 03/29/2013		End Date: 03/29/2013		Date of First Production this formation: 05/03/2013	
Perforations Top: 7020		Bottom: 7301		No. Holes: 300      Hole size: 4/7	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>			
Reason why green completion not utilized:					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: 05/03/2013	Hours: 24	Bbl oil: 10	Mcf Gas: 56	Bbl H2O: 3	
Calculated 24 hour rate:	Bbl oil: 10	Mcf Gas: 56	Bbl H2O: 10	GOR: 5600	
Test Method: Flowe	Casing PSI: 1050	Tubing PSI: 850	Choke Size:		
Gas Disposition: SOLD	Gas Type: DRY	Btu Gas: 1349	API Gravity Oil: 51		
Tubing Size: 2 + 7/8	Tubing Setting Depth: 6920	Tbg setting date: 05/01/2013	Packer Depth:		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 03/29/2013 End Date: 03/29/2013 Date of First Production this formation:  
Perforations Top: 7020 Bottom: 7169 No. Holes: 220 Hole size: 0.7

Provide a brief summary of the formation treatment:

Open Hole: ☐

35913 gal slickwtr, 2819 gal acid, 6026 gal pad, 80169 gal slickwtr carrying 22671 lb prem 40/70 snd, 30364 gal slickwtr carrying 21533 lb 20/40 prem snd, 89529 gal x-link gel carrying 207463 lb prem 20/40 snd

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 5850

Max pressure during treatment (psi): 5803

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):

Total acid used in treatment (bbl): 48

Number of staged intervals: 3

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3526

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 251667

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: Email: slaramesa@kpk.com

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

#### General Comments

User Group	Comment	Comment Date

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