

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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:

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: 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:

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: 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: [X] 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

Table with 2 columns: Att Doc Num, Name

Total Attach: 0 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)