

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 05-123-37634-00 6. County: WELD 7. Well Name: UPRR 42 PAN AM Well Number: N#4 8. Location: QtrQtr: SESW Section: 17 Township: 1N Range: 67W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/30/2013 End Date: 07/30/2013 Date of First Production this formation: 08/23/2013 Perforations Top: 4852 Bottom: 4872 No. Holes: 80 Hole size: 0.7

Provide a brief summary of the formation treatment: Open Hole: []

A 24# phase frac was used to stimulate the well along with CO2 and 225,400 lb of 20/40 sand

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 2921 Max pressure during treatment (psi): 2500 Total gas used in treatment (mcf): 5191 Fluid density at initial fracture (lbs/gal): 3.00 Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 1193 Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL Total proppant used (lbs): 225400 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/23/2013 Hours: 24 Bbl oil: 1 Mcf Gas: 400 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 400 Bbl H2O: 0 GOR: 40000 Test Method: Flow Casing PSI: 310 Tubing PSI: 0 Choke Size: Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1715 API Gravity Oil: 39 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:

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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
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