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Document Number:
400455882

Date Received:
07/25/2013

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-Msa
 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 05-123-37634-00 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
 Footage at surface: Distance: 660 feet Direction: FSL Distance: 1490 feet Direction: FWL
 As Drilled Latitude: 40.045620 As Drilled Longitude: -104.918790

GPS Data:
 Date of Measurement: 07/25/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: Bill Teter

** If directional footage at Top of Prod. Zone Dist.: 670 feet. Direction: FSL Dist.: 2620 feet. Direction: FWL
 Sec: 17 Twp: 1N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 670 feet. Direction: FSL Dist.: 2620 feet. Direction: FWL
 Sec: 17 Twp: 1N Rng: 67W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/07/2013 13. Date TD: 07/14/2013 14. Date Casing Set or D&A: 07/15/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5115 TVD** 5083 17 Plug Back Total Depth MD 5063 TVD** 5030

18. Elevations GR 5128 KB 5145 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:
Quad 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	904	600	0	904	VISU
1ST	7+7/8	4+1/2	11.6	0	5,109	731	80	5,109	CBL

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	4,360		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,835		<input type="checkbox"/>	<input checked="" 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: 7/25/2013 Email: slaramesa@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400455882	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400455967	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400455989	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400456030	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)