

Document Number:
400612370

Date Received:

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-Mesa
 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 05-123-08061-00 6. County: WELD
 7. Well Name: ROCKY MOUNTAIN FUEL CO Well Number: 6
 8. Location: QtrQtr: SWNE Section: 8 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 1650 feet Direction: FNL Distance: 1650 feet Direction: FEL
 As Drilled Latitude: 40.068480 As Drilled Longitude: -104.910760

GPS Data:
 Date of Measurement: 05/28/1974 PDOP Reading: 5.0 GPS Instrument Operator's Name: Billy Halloway

** If directional footage at Top of Prod. Zone Dist.: 1650 feet. Direction: FNL Dist.: 1650 feet. Direction: FEL
 Sec: 8 Twp: 1N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1650 feet. Direction: FNL Dist.: 1650 feet. Direction: FEL
 Sec: 8 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) 06/25/1974 13. Date TD: 07/02/1974 14. Date Casing Set or D&A: 07/02/1974

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

16. Total Depth MD 8270 TVD** 8270 17 Plug Back Total Depth MD 7850 TVD** 7850

18. Elevations GR 5005 KB 5005 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:

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	221	200	0	900	VISU
1ST	7+7/8	4+1/2	10.5	0	8,222	200	7,032	8,270	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/17/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,003	300	240	1,000

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This cement job was requested by Anadarko to comply with the COAs on the NRC 15-8 pad. Form 42 has already been submitted.

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: VP Engineering Date: _____ 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			
400612388	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400618421	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)