


FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES		
DE	ET	OE	ES						
DRILLING COMPLETION REPORT			Document Number: <div style="text-align: center; margin-top: 10px;">400612370</div> Date Received:						
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion									
1. OGCC Operator Number: <u>46290</u>		4. Contact Name: <u>Susana Lara-Mesa</u>							
2. Name of Operator: <u>K P KAUFFMAN COMPANY INC</u>		Phone: <u>(303) 825-4822</u>							
3. Address: <u>1675 BROADWAY, STE 2800</u>		Fax: <u>(303) 825-4825</u>							
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>							
5. API Number <u>05-123-08061-00</u>		6. County: <u>WELD</u>							
7. Well Name: <u>ROCKY MOUNTAIN FUEL CO</u>		Well Number: <u>6</u>							
8. Location: QtrQtr: <u>SWNE</u>	Section: <u>8</u>	Township: <u>1N</u>	Range: <u>67W</u> Meridian: <u>6</u>						
Footage at surface: Distance: <u>1650</u> feet		Direction: <u>FNL</u> Distance: <u>1650</u> feet Direction: <u>FEL</u>							
As Drilled Latitude: <u>40.068480</u>		As Drilled Longitude: <u>-104.910760</u>							
GPS Data:									
Data of Measurement: <u>05/28/1974</u>		PDOP Reading: <u>5.0</u> GPS Instrument Operator's Name: <u>Billy Halloway</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>1650</u> feet. Direction: <u>FNL</u>	Dist.: <u>1650</u> feet. Direction: <u>FEL</u>						
Sec: <u>8</u>		Twp: <u>1N</u>	Rng: <u>67W</u>						
** If directional footage at Bottom Hole		Dist.: <u>1650</u> feet. Direction: <u>FNL</u>	Dist.: <u>1650</u> feet. Direction: <u>FEL</u>						
Sec: <u>8</u>		Twp: <u>1N</u>	Rng: <u>67W</u>						
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>							
11. Federal, Indian or State Lease Number: _____									
12. Spud Date: (when the 1st bit hit the dirt) <u>06/25/1974</u> 13. Date TD: <u>07/02/1974</u> 14. Date Casing Set or D&A: <u>07/02/1974</u>									
15. Well Classification:									
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation									
16. Total Depth MD <u>8270</u> TVD** <u>8270</u>		17 Plug Back Total Depth MD <u>7850</u> TVD** <u>7850</u>							
18. Elevations GR <u>5005</u> KB <u>5005</u>		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: <u>05/17/2014</u>									

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 ?			
<u>Attachment Checklist</u>					
	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"/>
<u>Other Attachments</u>					
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)