

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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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
Email: slaramesa@kpk.com

5. API Number 05-123-10465-00
6. County: WELD
7. Well Name: CHAMPLIN 86 AMOCO F
Well Number: 3
8. Location: QtrQtr: SESE Section: 4 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: SHANNON Status: PLUGGED AND ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5140 Bottom: 5160 No. Holes: 80 Hole size: 0.4
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: P&Ad
Date formation Abandoned: 02/08/2012 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 4575 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SUSSEX Status: PLUGGED AND ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/30/2004 End Date: 07/30/2004 Date of First Production this formation: 03/11/1982
Perforations Top: 4628 Bottom: 4708 No. Holes: 320 Hole size: 0.4

Provide a brief summary of the formation treatment: _____ Open Hole:

15000 gal slick water pad, 73889 lb 10/20 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 847 Max pressure during treatment (psi): 6500

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 18 Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 300

Fresh water used in treatment (bbl): 829 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 73889 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: P&Ad

Date formation Abandoned: 02/08/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 4575 ** Sacks cement on top: 2 ** 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: 1/8/2014 Email: slaramesa@kpk.com

Attachment Check List

Att Doc Num	Name
400536852	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Report satisfies COA for: No report at COGCC for additional Sussex perms – submit Form 5A Completed Interval Report for additional Sussex perms with Subsequent Report of Abandonment – should include any treatment details.	3/5/2014 1:49:32 PM

Total: 1 comment(s)