

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400739684

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

OGCC Operator Number: 46290

Contact Name: Susana Lara-Mesa

Name of Operator: K P KAUFFMAN COMPANY INC

Phone: (303) 825-4822

Address: 1675 BROADWAY, STE 2800

Fax: (303) 825-4825

City: DENVER State: CO Zip: 80202

API Number 05-123-08796-00

County: WELD

Well Name: PAUL W HEINZE

Well Number: 2

Location: QtrQtr: SESW Section: 20 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1780 feet Direction: FWL

As Drilled Latitude: 40.031103 As Drilled Longitude: -104.917522

GPS Data:

Date of Measurement: 06/20/2008 PDOP Reading: 2.1 GPS Instrument Operator's Name: R. Gorka

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: SPINDLE

Field Number: 77900

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/26/1976 Date TD: 06/30/1976 Date Casing Set or D&A: 06/30/1976

Rig Release Date: 07/02/1976 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 5020 TVD** Plug Back Total Depth MD 4979 TVD**

Elevations GR 5104 KB 5130 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CASING, LINER AND CEMENT

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	770	600	0	770	VISU
1ST	7+7/8	4+1/2	10.5	2524	5,015	200	4,178	5,020	CBL
2ND	7+7/8	4+1/2	10.5	0	2,524	400	1,480	2,480	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/21/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.2	2,480	400	1,480	2,480

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,876	4,906	NO	NO	

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: VP Engineering

Date: _____

Email: Slaramesa@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400739710	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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

400739731	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400748542	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400748543	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)