

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400952618  Date Received:				
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: <u>46290</u> 2. Name of Operator: <u>K P KAUFFMAN COMPANY INC</u> 3. Address: <u>1675 BROADWAY, STE 2800</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Susana Lara-Mesa</u> Phone: <u>(303) 8254822</u> Fax: <u>(303) 8254825</u> Email: <u>slaramesa@kpk.com</u>
---	---

5. API Number <u>05-123-07680-00</u> 7. Well Name: <u>FERN MILLER WIKSTRAND</u> 8. Location: QtrQtr: <u>SWNW</u> Section: <u>4</u> Township: <u>1N</u> 9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	6. County: <u>WELD</u> Well Number: <u>2</u> Range: <u>67W</u> Meridian: <u>6</u>
--	---

**Completed Interval**

FORMATION: <u>SUSSEX</u>	Status: <u>PRODUCING</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>06/06/1973</u>
Perforations Top: <u>4716</u>	Bottom: <u>4744</u>	No. Holes: <u>14</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
Drilled cement and plug set 4666 to bring well back to production via rod pump		

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: <input type="checkbox"/>

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: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px;"></span>				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		

\*\* Bridge Plug Depth: \_\_\_\_\_      \*\* Sacks cement on top: \_\_\_\_\_      \*\* 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: VP Engineering Date: \_\_\_\_\_ Email: slaramesa@kpk.com  
:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400954029	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)