

FORM 5A Rev 06/12

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 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: KP 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) 825-4822 Email: Slaramesa@kpk.com

5. API Number 05-123-10149-00 6. County: WELD 7. Well Name: ENERGY MINERALS UNIT B Well Number: 1 8. Location: QtrQtr: SWNE Section: 28 Township: 2N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 03/05/2014 End Date: 03/05/2014 Date of First Production this formation: 02/18/1981

Perforations Top: 4690 Bottom: 4734 No. Holes: 176 Hole size: 19/50

Provide a brief summary of the formation treatment: Open Hole: []

23 bbl of 15% HCl acid

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 75 Max pressure during treatment (psi): 1895

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): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 52 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:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Acid Job was performed on the Sussex formation

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: 3/19/2014 Email: Slaramesa@kpk.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400571276	FORM 5A SUBMITTED
400571319	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Received type and concentration of acid used.	10/09/2018
Permit	Requested type and concentration of acid used (HCl, HF, etc.). Changed field name to currently recognized field of Wattenberg. Removed comment from operator in treatment information, and added to operator comments on submit tab.	03/20/2017

Total: 2 comment(s)