

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



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Document Number:

400952618

Date Received:

12/14/2015

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) 8254822
Fax: (303) 8254825
Email: slaramesa@kpk.com

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

Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type:
Treatment Date: 08/31/2015 End Date: 08/31/2015 Date of First Production this formation: 06/06/1973
Perforations Top: 4716 Bottom: 4744 No. Holes: 14 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

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: ☐

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:

Plug was removed 8/31/2015.

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: 12/14/2015

Email slaramesa@kpk.com

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Attachment Check List

Att Doc Num

Name

400952618	FORM 5A SUBMITTED
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400954029	WELLBORE DIAGRAM
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Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit	Added date plug was removed, per operator.
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03/01/2019

Permit	Requested date of plug removal.
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03/27/2017

Total: 2 comment(s)