

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400166312

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 4. Contact Name: Sherry Glass
 2. Name of Operator: K P KAUFFMAN COMPANY INC Phone: (303) 825-4822
 3. Address: 1675 BROADWAY, STE 2800 Fax: (303) 825-4825
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-11432-00 6. County: WELD
 7. Well Name: Genesis Well Number: #1
 8. Location: QtrQtr: SWNW Section: 16 Township: 4N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 04/12/2011 Date of First Production this formation: 11/03/1983
 Perforations Top: 7250 Bottom: 7260 No. Holes: 61 Hole size: 043/10

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

call for max press 6500 psi kickouts 6300 psi open well head
 10:40 am formation brake @3468 psi & 1.5 bpm isip-2133 psi
 press after 1min -1639 psi begin crosslinked gel pump 1 thru 4 ppg
 243.320 # Ottwaw 20/40 mix 8.000 # SB Excel 20/40
 60.2 bbls
 active fluid pad
 2600.2 bbls
 pHaser 2004.5 SLF
 Load to Recover 2707.9 bbls
 average press 5947 psi rate 20.3 bpm
 max press 6160 psi rate 20.7 bpm
 isip-3618 psi after 1min-3572 psi after 5 min-3450 psi after 10
 min-3371 psi

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/27/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 20 Bbls H2O: 12
 Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 20 Bbls H2O: 12 GOR: 12000
 Test Method: flow Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 791 API Gravity Oil: 55
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7231 Tbg setting date: 03/10/2010 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: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/01/2011 Date of First Production this formation: _____

Perforations Top: 6930 Bottom: 7148 No. Holes: 120 Hole size: 042/10

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

MIRU Halliburton call for max press 6500 psi kickouts 6300 psi
open well 1:45pm begin pumping well loaded with 5.3 bbls
formation brake @3693 psi isip 3082 psi after 1 min 2858 psi
leakoff-224 psi resume pumping with FR water begin
ing 24bbls 15%
HCl acid pump 119.1bbls Acive Fluid Pad.pump 1 thru 4 ppg 242,000#
20/40 ottawa sand 8,000 # 20/40 SB Excel 2340.0 bbls pHaser

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/27/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 21 Bbls H2O: 12

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 21 Bbls H2O: 12 GOR: 6000

Test Method: flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 791 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7231 Tbg setting date: 03/10/2010 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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SherryGlass

Title: Engineering Technician Date: _____ Email sglass@kpk.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400166340	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)