

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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COMPLETED INTERVAL REPORT

Document Number:
400206567

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

5. API Number <u>05-123-12230-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MONFORT</u>	Well Number: <u>2-30</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>16</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 02/26/2011 Date of First Production this formation: 03/22/2011

Perforations Top: 7246 Bottom: 7256 No. Holes: 20 Hole size: 042/100

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

Loaded 2833 Bbl gel frac, 242.000# Ottawa 20/40, 8000# SB Excel 20/40, 2640 BLWTR

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 84 Bbls H2O: 6

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 84 Bbls H2O: 6 GOR: _____

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

Gas Disposition: SOLD Gas Type: _____ BTU Gas: 1237 API Gravity Oil: 59

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7165 Tbg setting date: 02/20/1986 Packer Depth: 7170

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: 03/05/2011 Date of First Production this formation: 03/22/2011

Perforations Top: 6942 Bottom: 7050 No. Holes: 52 Hole size: 042/100

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

Loaded with 167500 gal gel frac, 242000# 30/50 premium white, 8000# 12/20, 3981 Bbl LWTR

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 84 Bbls H2O: 6

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 84 Bbls H2O: 6 GOR: _____

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

Gas Disposition: SOLD Gas Type: _____ BTU Gas: 1237 API Gravity Oil: 59

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7165 Tbg setting date: 02/20/1986 Packer Depth: 7170

Reason for Non-Production: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____
No new perforated zones, perforated and re-frac'd old producing zones

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

Signed: _____ Print Name: Sherry Glass

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
400206609	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)