

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:

400206567

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

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/26/2011</u>		Date of First Production this formation: <u>03/22/2011</u>	
Perforations	Top: <u>7246</u> Bottom: <u>7256</u>	No. Holes: <u>20</u>	Hole size: <u>042/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Loaded 2833 Bbl gel frac, 242.000# Ottawa 20/40, 8000# SB Excel 20/40, 2640 BLWTR</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>04/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>84</u> Bbls H2O: <u>6</u>
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>84</u> Bbls H2O: <u>6</u> GOR: <u> </u>
Test Method: <u>flowing</u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u> </u>	BTU Gas: <u>1237</u>	API Gravity Oil: <u>59</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7165</u>	Tbg setting date: <u>02/20/1986</u>	Packer Depth: <u>7170</u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/05/2011 Date of First Production this formation: _____

Perforations Top: 6942 Bottom: 7256 No. Holes: 72 Hole size: _____

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

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

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: 9/19/2011 Email sglass@kpk.com

Attachment Check List

Att Doc Num	Name
400206567	FORM 5A SUBMITTED
400206609	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)