

FORM
5Rev
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



DE ET OE ES

Document Number:

400257450

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 46290

4. Contact Name: Susana Lara-Mesa

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 05-123-35080-00

6. County: WELD

7. Well Name: Sunmarke

Well Number: 19-28-11

8. Location: QtrQtr: SESW Section: 28 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 924 feet Direction: FSL Distance: 1408 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 1939 feet. Direction: FSL Dist.: 1964 feet. Direction: FWL

Sec: 28 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1976 feet. Direction: FSL Dist.: 1987 feet. Direction: FWL

Sec: 28 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/29/2012 13. Date TD: 03/05/2012 14. Date Casing Set or D&A: 03/01/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8085 TVD** 7965 17 Plug Back Total Depth MD 8026 TVD** 7906

18. Elevations GR 4975 KB 4989

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	757	530	0	767	VISU
1ST	7+7/8	4+1/2	11.6	0	8,085	640	3,642	8,085	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,742		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,301		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,773		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,135		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,430		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,453		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,901		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Bridged-out during open-hole logging. Cased-hole logs will be ran and submitted to the COGCC.

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: _____

Email: slaramesa@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400263840	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400263839	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)