<table>
<tr><td>FORM 5
Rev 02/08</td><td colspan="2">State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</td><td>DE | ET | OE | ES

Document Number:
400258446</td></tr>
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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.

Date Received:

Completion Type: ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 46290
2. Name of Operator: K P KAUFFMAN COMPANY INC
3. Address: 1675 BROADWAY, STE 2800
   City: DENVER State: CO Zip: 80202

4. Contact Name: Susana Lara-Mesa
   Phone: (303) 825-4822
   Fax: (303) 825-4825

5. API Number: 05-123-35082-00
6. County: WELD
7. Well Name: Sunmarke Well Number: 19-28-13
8. Location: QtrQtr: SESW Section: 28 Township: 4N Range: 67W Meridian: 6
   Footage at surface: Distance: 910 feet Direction: FSL Distance: 1422 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.: 658 feet. Direction: FSL Dist.: 650 feet. Direction: FWL
       Sec: 28 Twp: 4N Rng: 67W
   ** If directional footage at Bottom Hole Dist.: 649 feet. Direction: FSL Dist.: 632 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) 03/08/2012 13. Date TD: 03/11/2012 14. Date Casing Set or D&A: 03/12/2012

15. Well Classification:
   ☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7547 TVD** 7493 17 Plug Back Total Depth MD 7504 TVD** 7450

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:
   High Resolution Induction, Compensated Density, Neutron Density

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	756	530	0	765	VISU
1ST		4+1/2	11.6	0	7,518	580	3,624	7,547	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	3,724		☐	☐	
SUSSEX	4,244		☐	☐	
SHANNON	4,761		☐	☐	
NIOBRARA	7,088		☐	☐	
FORT HAYS	7,365		☐	☐	
CODELL	7,387		☐	☐	

Comment:

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 ?			
Attachment Checklist					
	CMT Summary *	Yes	☐	No	☒
	Core Analysis	Yes	☐	No	☒
400263810	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒
Other Attachments					
400263804	LAS-TRIPLE COMBINATION	Yes	☒	No	☐
400263809	DIRECTIONAL DATA	Yes	☒	No	☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)