

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:

400264620

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 05-123-35082-00

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: 40.277170 As Drilled Longitude: -104.900070

## GPS Data:

Date of Measurement: 04/04/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Bill Teter

\*\* 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&amp;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, Cement Bond

## 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	7+7/8	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		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,244		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,761		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,088		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,365		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,387		<input type="checkbox"/>	<input type="checkbox"/>	

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 ?			
<u>Attachment Checklist</u>					
400268693	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400265002	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400264998	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400265001	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)