

**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

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: 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      05-123-32872-00

6. County: WELD

7. Well Name: NRC

Well Number: #9-9-15H

8. Location: QtrQtr: NESE Section: 9 Township: 1N Range: 67W Meridian: 6

9. Field Name: SPINDLE Field Code: 77900

### Completed Interval

FORMATION: SUSSEX

Status: PRODUCING

Treatment Date: 08/07/2011

Date of First Production this formation: 10/04/2011

Perforations	Top:	5140	Bottom:	6520	No. Holes:	152	Hole size:	3/7
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Provide a brief summary of the formation treatment:

Open Hole: 

Treatment was performed in 10 stages. The first stage and second stage were treated on 06/04/2011. Stages 3-9 were treated on 08/01/2011. Stage 10 was treated on 08/07/2011. Each stage was 100'-150' long, perforated in 4-4ft intervals of 4 spf. All stages were treated with a linear gel pad and crosslink gel with 16/20 or 12/20 resin-coated sand, at an average rate of 30 bpm.

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

**Test Information:**

Date:	09/29/2011	Hours:	24	Bbls oil:	58	Mcf Gas:	162	Bbls H2O:	178
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Calculated 24 hour rate:	Bbls oil:	58	Mcf Gas:	162	Bbls H2O:	178	GOR:
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Test Method: Pumping	Casing PSI: 45	Tubing PSI: 43	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1399	API Gravity Oil:	40
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Tubing Size: 2 + 7/8      Tubing Setting Depth: 4303      Tbg setting date: 10/04/2011      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: \_\_\_\_\_

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	Name

Total Attach: 0 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)