

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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Date Received:

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
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 05-123-32872-00
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: 3/8

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 [X] No

Test Information:

Date: 09/29/2011 Hours: 24 Bbls oil: 58 Mcf Gas: 162 Bbls H2O: 178

Calculated 24 hour rate: Bbls oil: 58 Mcf Gas: 162 Bbls H2O: 178 GOR:

Test Method: Pumping Casing PSI: 45 Tubing PSI: 43 Choke Size:

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1399 API Gravity Oil: 40

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>

Total: 0 comment(s)