

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:

400275443

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 05-123-10441-00 6. County: WELD  
7. Well Name: JOSEPHINE B MILES Well Number: 4  
8. Location: QtrQtr: SWNW Section: 33 Township: 2N Range: 68W Meridian: 6  
Footage at surface: Distance: 2040 feet Direction: FNL Distance: 660 feet Direction: FWL  
As Drilled Latitude: 40.096670 As Drilled Longitude: -105.015364

## GPS Data:

Data of Measurement: 08/13/2007 PDOP Reading: 1.8 GPS Instrument Operator's Name: Ray Gorka

\*\* If directional footage at Top of Prod. Zone Dist.: 2040 feet. Direction: FNL Dist.: 660 feet. Direction: FWL

Sec: 33 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2040 feet. Direction: FNL Dist.: 660 feet. Direction: FWL

Sec: 33 Twp: 2N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/24/1981 13. Date TD: 10/31/1981 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 5073 TVD\*\* 5073 17 Plug Back Total Depth MD 5031 TVD\*\* 5031

18. Elevations GR 4991 KB 5001

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             | 200           | 400       | 0       | 200     | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 10.5  | 0             | 5,113         | 450       |         | 5,100   | CALC   |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/27/2012

|             |        |                                   |               |            |               |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|             | 1ST    | 1,000                             | 400           | 210        | 1,000         |

Details of work:

The well had a casing leak which was isolated and a cement bond log was ran showing cement up to 3250'. The casing was chemically cut from surface to 2498' and new casing was set in place. A casing patch was ran and a port collar was set at 1000' in order to pump the cement from

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                    |   |
|  |                |        | <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> |                       |            |                                     |    |                                     |
| 400275460                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | DST Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Logs                  | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400275457                   | Other                 | 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)