

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400300431

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
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 05-123-34025-00
6. County: WELD
7. Well Name: Koester Well Number: 18-33-5
8. Location: QtrQtr: SWNW Section: 33 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 1666 feet Direction: FNL Distance: 792 feet Direction: FWL
As Drilled Latitude: 40.272130 As Drilled Longitude: -104.902180

GPS Data:
Date of Measurement: 07/09/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: BILL TETER

** If directional footage at Top of Prod. Zone Dist.: 2063 feet. Direction: FNL Dist.: 567 feet. Direction: FWL
Sec: 33 Twp: 4N Rng: 67W
** If directional footage at Bottom Hole Dist.: 2078 feet. Direction: FNL Dist.: 552 feet. Direction: FWL
Sec: 33 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) 06/25/2012 13. Date TD: 07/01/2012 14. Date Casing Set or D&A: 07/02/2012

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

16. Total Depth MD 7495 TVD** 7449 17 Plug Back Total Depth MD 7434 TVD** 7389

18. Elevations GR 4922 KB 4938
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:
Triple Combo, CBL

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	770	540	0	770	VISU
1ST	7+7/8	4+1/2	11.6	0	7,457	825	770	7,495	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
GREELEY SAND	2,426		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,666		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,135		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,665		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,028		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,288		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,310		<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 ?	
Attachment Checklist			
400306904	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400303902	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"/>
400303903	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400302549	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400303901	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306358	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)