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Document Number:
400309751

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 05-123-32762-00 6. County: WELD
 7. Well Name: Front Range Well Number: #11-17-7
 8. Location: QtrQtr: NESW Section: 17 Township: 4N Range: 66W Meridian: 6
 Footage at surface: Distance: 1522 feet Direction: FNL Distance: 2027 feet Direction: FWL
 As Drilled Latitude: 40.308600 As Drilled Longitude: -104.803820

GPS Data:
 Date of Measurement: 03/01/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: Kipper Goldsberry

** If directional footage at Top of Prod. Zone Dist.: 2096 feet. Direction: FNL Dist.: 2094 feet. Direction: FEL
 Sec: 17 Twp: 4N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1998 feet. Direction: FNL Dist.: 2010 feet. Direction: FEL
 Sec: 17 Twp: 4N Rng: 66W

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) 07/20/2012 13. Date TD: 07/25/2012 14. Date Casing Set or D&A: 07/26/2012

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

16. Total Depth MD 7740 TVD** 7394 17 Plug Back Total Depth MD 7681 TVD** 7337

18. Elevations GR 4723 KB 4739 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	726	510	0	726	VISU
1ST	7+7/8	4+1/2	11.6	0	7,705	840	726	7,740	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	
PARKMAN	3,805		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,494		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,943		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,225		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,438		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,560		<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			
400313083	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400310904	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"/>
400315515	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400310250	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400310903	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)