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Document Number:
400308884

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 05-005-06958-00 6. County: ARAPAHOE
 7. Well Name: MURPHY ET AL Well Number: 31-3
 8. Location: QtrQtr: NESE Section: 31 Township: 4S Range: 63W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL
 As Drilled Latitude: 39.656348 As Drilled Longitude: -104.474712

GPS Data:
 Date of Measurement: 10/31/2007 PDOP Reading: 1.9 GPS Instrument Operator's Name: R Gorka

** If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FSL Dist.: 660 feet. Direction: FEL
 Sec: 31 Twp: 4S Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FSL Dist.: 660 feet. Direction: FEL
 Sec: 31 Twp: 4S Rng: 63W

9. Field Name: BOMBING RANGE 10. Field Number: 7155
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/24/1987 13. Date TD: 01/03/1988 14. Date Casing Set or D&A: 01/03/1988

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

16. Total Depth MD 8113 TVD** 8113 17 Plug Back Total Depth MD 8070 TVD** 8070

18. Elevations GR 5784 KB 5794 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:
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	8+5/8	12+1/4	24	0	194	130	0	194	VISU
1ST	4+1/2	7+7/8	12.6	0	8,110	275	6,575	8,110	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/05/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST LINER	2,285	50		
SQUEEZE	1ST LINER	2,285	50		
SQUEEZE	1ST LINER	8,035	40		
SQUEEZE	1ST LINER	8,002	25		

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	
FOX HILLS	1,610		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,028		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,246		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,572		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,686		<input type="checkbox"/>	<input type="checkbox"/>	
X BENTONITE	7,878		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,962		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,003		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	8,070		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The digital copies of the logs cannot be uploaded, but a hard copy of the CBL has been filed at the COGCC.

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			
400308886	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)