

FORM
5Rev
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



DE ET OE ES

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:

Data 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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 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

| | | |
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Total: 0 comment(s)