

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:

400275443

Date Received:

04/23/2012

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&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	530	400	0	530	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/perf 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: 4/23/2012 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"/>
<u>Other Attachments</u>					
400275443	FORM 5 SUBMITTED	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)