

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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) 8254822 Fax: (303) 8254825

5. API Number 05-123-12709-00 6. County: WELD 7. Well Name: JORDAN 8. Location: QtrQtr: NESE Section: 34 Township: 1N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 12/27/1985 Perforations Top: 7934 Bottom: 7957 No. Holes: 20 Hole size: 3/7 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Temporarily abandoned due to depletion.

Date formation Abandoned: 05/01/2012 Squeeze: Yes No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7890 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/10/2012 End Date: 05/10/2012 Date of First Production this formation:
Perforations Top: 7258 Bottom: 7328 No. Holes: 66 Hole size: 3/7

Provide a brief summary of the formation treatment: Open Hole: [ ]

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

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: 10/22/2012 Email: slaramesa@kpk.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 2113847 WIRELINE JOB SUMMARY, 400337541 FORM 5A SUBMITTED

Total Attach: 2 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	Entered bridge plug depth per operator.	10/29/2012 7:48:09 AM
Permit	Received and attached Wireline Job Summary	10/26/2012 3:32:09 PM
Permit	Requested bridge plug depth and Wireline Job Summary.	10/25/2012 9:05:58 AM

Total: 3 comment(s)